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#### EXECUTIVE SUMMARY

Purpose: The **overall** goal of this project was to test and evaluate the capability and/or effectiveness of methadone programs in reaching specific target populations...to prevent the spread of HIV infection and to promote the adoption of **risk-reduction** behaviors. It was implemented at three sites which have a high prevalence of intravenous drug use: Jersey City, New Jersey; Atlantic City, New Jersey; and Nassau County, New York.

Methodology: Program components were Outreach, Treatment, and Aftercare, with an emphasis on the outreach component. The outreach workers were often former drug addicts, many of whom were stabilized on methadone maintenance treatment. They had good communications skills, including familiarity with drug terminology; had the ability to collect and record data; and were in sympathy with the goals of the study. Their duties included dissemination of risk reduction materials (written materials, bleach, condoms), provision of information about how to clean needles and use condoms, and provision of HIV counseling and testing. Treatment vouchers (methadone maintenance and drug detoxification) were offered in Atlantic City, yielding good client participation. Aftercare was utilized most frequently in Jersey City (100 clients).

#### Findings:

- o Of the 3,416 persons surveyed, 59.7 percent had never been in a drug treatment program.

- o A voucher system offering 30 days of free treatment was instituted in Atlantic City, and 90.3 percent of the coupons were used. Thirty-six percent of the clients who used the 838 coupons remained in treatment beyond 30 days. In Jersey City and Nassau County, where no free treatment was offered, rates of entry into treatment were 32.7 and 28.3 percent, respectively.

- o Polydrug use was common, with heroin and cocaine being the most frequently injected drugs.

- o More than half the participants reported first injecting drugs before their 20th birthday (one person at age 9). Over 93 percent began injecting before age 30.

- o HIV testing was conducted on 1,702 clients, 34.4 percent of whom tested positive (Jersey City, 48.5; Atlantic City, 25.7; Nassau County, 21 percent). Only 10 percent of those tested returned for results.

- o Individual test results were available for Jersey City and Atlantic City. Blacks had the highest seropositivity rate

(39.2 percent). Males had a significantly higher rate than did females (37.9 versus 24.4 percent). Interestingly, and as yet inexplicably, participants who had previously enrolled in a drug treatment program had a higher HIV seropositivity rate than those who had not been in treatment.

Recommendations:

- Outreach needs to be continued and expanded. It has been shown to be effective in reaching the injection drug using population, which is highly susceptible to infection with HIV and highly capable of infecting others.

- Drug abuse treatment needs high priority. Access to drug treatment is the cornerstone for controlling the spread of HIV among injection drug users.

- o HIV testing and counseling should emphasize reaching and counseling injection drug users who test positive.

- o Additional research should be supported in a number of areas: 1) determine why drug users manage crises and drug craving differently than non-drug users; 2) determine how to best motivate drug abusers to become drug free; 3) determine how to best follow-up drug abusers; 4) determine why groups with the same AIDS high-risk experiences have different HIV seropositivity rates.

AIDS TARGETED OUTREACH MODEL  
INCREASING THE **CAPABILITY** OF  
METHADONE MAINTENANCE PROGRAMS

FINAL REPORT

Project Officer: Dr. **Jeannette** Johnson

Submitted To:

**National Institute on Drug Abuse**  
Division of Clinical Research  
Community Research Branch  
**Parklawn** Building, Room **9A-30**  
5600 Fishers Lane  
Rockville, **Maryland 20857**

This document was prepared by Willie H. Davis, Principal Investigator, and **Hillard** Davis, Project Director.

January 9, 1991

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Dr. Jeannette Johnson  
Division of Clinical Research  
Community Research **Branch**  
National Institute on Drug Abuse  
**Parklawn** Building, Room **9A-30**  
**5600** Fishers Lane  
Rockville, Maryland **20857**

Reference: Final Report Contract No: 27143743210 "Increasing the Capability of Methadone Maintenance Programs (AIDS)

Dear Dr. **Johnson**:

Birch & Davis Associates, Inc. (B&D), is pleased to submit the final report on the contract referenced above. The report is structured so that the reader can obtain an understanding of the objectives, methodology, findings, and recommendations by reading the executive summary.

In producing this report, our main goal was to present results that **could** be used to evaluate the effectiveness of the projects and to present recommendations that others could use to improve upon the design we used. We **collected** an extensive volume of information at our sites, and we were not able to include all of it in this report. However, we plan to continue the **analysis** of our data and publish the results at a future time. While conducting the **analysis** for the final report we came across many leads for future analyses.

I would appreciate your reaction to our report.

Sincerely,

**BIRCH & DAVIS ASSOCIATES, INC.**



Hillard Davis  
Project Director

Enclosure

## ACKNOWLEDGEMENT

This project is a joint effort of many individuals. The authors wish to extend their appreciation and gratitude to all staff personnel at each of the three methadone intervention sites: The Institute for Human Development in Atlantic City, New Jersey, Spectrum Health Care in Jersey City, New Jersey, and the Nassau County Department of Drug & Alcohol Addiction in East Meadow, New York. We particularly **thank:** Mr. John Brooks, Ms. Bonnie Speller, and Mrs. **Bettyann** Brooks, **from** the **Institute** for Human Development; Mr. Edward Cox, Mrs. Elizabeth Crockett, and Mrs. Claire **Cox**, from Spectrum Health Care; **Commissioner** Harold Adams and Ms. Myrtle Peterson from the Nassau County Department of Drug & Alcohol Addiction. Special thanks are also **expressed** to Fred Royster and **Tammy** Lowry for their assistance in data analysis and preparation of this manuscript.

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## **EXECUTIVE** SUMMARY

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## EXECUTIVE SUMMARY

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### 1. INTRODUCTION

Acquired immune deficiency syndrome (AIDS) has become one of the major tragedies of the twentieth century, and intravenous drug use **has** been found to be one of the major contributors in spreading the disease. In 1987, in an effort to address this problem, the National Institute on Drug Abuse initiated AIDS Community Outreach Research Programs throughout the United States. This report addresses one such program managed by Birch & Davis Associates, Inc. (B&D), and implemented at three sites: Jersey City, New Jersey; Atlantic City, New Jersey; and Nassau County, New York. These three sites represent areas where there is a high prevalence of intravenous drug use. The program has as its major objective the task of testing and evaluating the capability and/or effectiveness of methadone programs in reaching specific target populations of intravenous drug users to prevent the spread of human immunodeficiency virus (HIV) infection and to promote the adoption of risk-reduction behaviors.

### 2. METHODOLOGY

This three-year study had three major components: (1) Outreach, (2) Treatment, and (3) Aftercare. Outreach was the major intervention strategy, wherein trained outreach workers, in many instances former drug abusers (1) disseminated risk-reduction materials on AIDS prevention; (2) distributed condoms and bleach; (3) conducted HIV pre- and post-counseling and testing; (4) administered the AIDS questionnaires; and (5) made referrals. Intravenous drug users (**IVDUs**) identified by outreach workers were referred to treatment and aftercare.

All individuals selected for participation in the study met the following criteria: (1) each of them was an IVDU or the sexual partner of an IVDU (and they or their partner had injected drugs during the past six months) and (2) they had not enrolled in a formal drug treatment program during the 30 days before the intake interview.

The major instrument used to collect data was the AIDS Initial and Follow-Up Assessment Questionnaire. Data collected in this way was transmitted from the sites to B&D, where it was processed, analyzed, and

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developed into a database.

### **3. STUDY POPULATION**

The population served by these sites was diverse, with a high percentage of Blacks between 30 and 39 years of age. Non-Hispanic Blacks comprised approximately 73 percent of the study subjects, followed by **non-**Hispanic Whites (16.7 percent) and Hispanics (9.3 percent). Approximately 72.3 percent of the population were males--most unemployed and not married.

### **4. FINDINGS**

The scope of this study and the amount of information collected were so extensive that a complete analysis of all the data and a complete reporting of all findings for inclusion in this report were not possible. The **findings** presented in this report are the principal ones pertaining to the effectiveness of the interventions that were applied. Additional findings will be presented in future publications.

#### **(1) There Is A Wide Range Of AIDS High-Risk Practices Among The Intravenous Drug Using Population**

The common thread that distinguishes IVDUs is that they all use a needle to inject the illicit drug into their body. Beyond this, the practices of IVDUs vary from person-to-person. The types of drugs used and the frequency and length of use vary. AIDS high-risk behaviors practiced by users also vary. Given below are some of the key study findings relating to differences in practices.

- **Polydrug Use--**It is well known that IVDUs often experiment with different types of drugs. Participants in the study reported that 90.6 percent had at one time injected heroin alone compared to 79.5 percent that had at one time used cocaine alone and 73.3 percent that had injected speedball alone. Other opiates, amphetamines, and non-prescription drugs were also injected, but to a lesser extent. There were also differences by site. It is important to know the types of drugs being used in order to assess the risks of transmitting AIDS (e.g., cocaine users inject more frequently than heroin users).
- **Starting Intravenous Drug Use--**The effect of early needle use is that the intravenous drug

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user is at a high risk of AIDS at an early age, thus increasing the likelihood of contracting HIV. One study participant reported first injecting drugs **at nine** years of age; more than 52 percent of participants stated they started injecting drugs prior to their 20th birthday, while more than 93 percent started before their 30th birthday. Rates of early intravenous drug use were similar at the three sites. The early use of drugs intravenously support the idea that intervention should begin early in a child's school life.

- **High-Risk Drug-Using Behaviors**--Approximately 42.2 percent of study participants stated that they share works with other IVDUs. If this is true, then this high-risk practice is not universally practiced. Atlantic City participants reported a rate of 68.8 percent, compared to 33.2 and 37.7 percent for Jersey City and Nassau County respectively.

At the time they were admitted to the study approximately 51.8 percent of study participants stated that they had changed the way they cleaned needles. More than 61 percent of the Atlantic City participants stated that they had changed the way they cleaned needles compared to 48.6 and 47.1 percent for Jersey City and Nassau County respectively. If this is true, it indicates that the message of proper needle care is being disseminated and accepted.

- **High-Risk Sexual Behaviors**--One measure of the extent of AIDS high-risk sexual behaviors being practiced is the number of different sexual partners one has in the past 30 days. Approximately 18.8 percent of study participants reported that they had no sexual partners in the 30 days prior to intake, compared to 55.4 percent who had one sexual partner and 25.8 percent who had two or more. Approximately 28.2 percent of males reported they had two or more partners, compared to 19.3 percent of females.

More than 50 percent of females reported having sex with male IVDUs during the 30 days prior to the intake interview, compared to 40 percent of the males reporting similar experiences with females. A negligible number of males (1.8 percent) reported that they had had sex with male IVDUs during the past 30 days.

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## **(2) Outreach Is An Effective Intervention Strategy**

This study demonstrated that outreach is an effective strategy in reaching and intervening with a population at high risk of contracting and passing the **HIV** to others. Interventions proven successful were (1) disseminating risk-reduction materials and supplies, (2) encouraging IVDUs to enter treatment, (3) HIV testing and counseling, and (4) learning more about the characteristics and practices of IVDUs.

- **Disseminate Risk-Reduction Materials And Supplies--**The project was able to distribute risk-reduction materials and supplies (condoms, bleach, pamphlets) to the targeted population. One measure of the efficacy of this program was the percent of participants who said that they had continued to purchase and use condoms and the percent who said they had continued to purchase and use bleach.
- **Encourage IVDUs To Enter Treatment--**Outreach workers and other project staff encouraged study participants to seek and obtain treatment for drug abuse. Approximately 32 in Jersey City and 28.3 percent in Nassau County received treatment, even though no **financial** assistance was offered. In Atlantic City, where free vouchers were given to indigent IVDUs to be redeemed for treatment, 90.3 percent of participants offered these vouchers accepted and enrolled in a treatment program. This appears to demonstrate that if affordable treatment is offered, IVDUs will accept.
- **HIV Testing And Counseling--**Approximately 781 IVDUs in Atlantic City, 472 in Jersey City, and 449 from Nassau County were pre-counseled and tested for the HIV. This represents 84.7, 27.5, and 53.1 percent of those offered the HIV tests in Atlantic City, Jersey City, and Nassau County respectively. Of those tested, approximately 10 percent returned for results and post-counseling. Results of the HIV testing are given below.
- **Obtaining Information About Intravenous Drug-Using Population--**Trained interviewers obtained information from 922, 1,649, and 845 IVDUs, partners of IVDUs, and prostitutes in Atlantic City, Jersey City, and Nassau County respectively. Data describing sociodemographic status, health status, AIDS knowledge and behaviors, and drug-taking histories were obtained from each respondent. Some of the results obtained are given in these **findings**.

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### (3) Seropositive HIV Rates Were High Among The Study Population

**IVDUs** are known to have a higher HIV seropositive rate than the remainder of the population.’ The study population had a high HIV seropositive rate (34.4 percent) compared to an estimate of the national average. The rate for Jersey City was 48.5 percent, compared to 25.7 percent at Atlantic City, and approximately 21 percent at Nassau County.

- **Ethnicity--Based** on results from Jersey City and Atlantic City, where individual results were available, Blacks had the highest HIV **seropositive** rate (39.2 percent), compared to 29.7 percent for Hispanics and 20.6 percent for Whites. This trend is in line with other studies that show Blacks with higher rates than Hispanics, who have higher rates than Whites. The rates for Atlantic City were **46.2, 20.5**, and 15.6 percent for Blacks, Hispanics, and Whites respectively. Comparable rates for Jersey City were 46.2, 71.4, and 54.8 percent for Blacks, Hispanics, and Whites respectively.
- Gender--Males had a significantly higher HIV seropositive rate than females--37.9 percent for males and 24.4 percent for females. These results are different than those from a number of other studies that showed males and females with **similar** rates. Females had consistently lower rates for Blacks (46.3 percent versus 32.3 percent) and Whites (23.6 percent versus 16.4 percent).
- Participants in Drug Treatment Programs--Participants who had previously enrolled in a drug treatment program had a higher HIV seropositive rate than those who had not. Participants from Atlantic City who had previously enrolled had a 29.9 percent rate compared to a 19.9 rate for those who had not. Comparable figures for Jersey City were 56.8 and 40.1 percent for those who had enrolled and those who had not enrolled respectively. The reason for this disparity is unknown. It could be a function of age of participant, sex of participant, or some other factor. A more thorough study of ‘this phenomenon will be done and reported on later. This result has implications for designing a HIV prevention program for the two groups (i.e., persons who have been in treatment

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‘Centers for Disease Control, Morbidity and **Mortality** Weekly Report. “Human Immunodeficiency Virus Infection in the United States.” (December **18, 1987**).

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appear to be more HIV infectious than those who have not).

**(4) Most IVDUs Would Enter A Drug Treatment Program If One Were Available And Affordable**

Access to drug abuse treatment is considered to be the cornerstone for controlling the spread of HIV infection. If this is true, then drug abuse treatment should be made available to all IVDUs, regardless of their ability to pay, if the infection is to be arrested.

- **History Of Drug Treatment--**A substantial number of IVDUs have never entered a drug treatment program. Of the 3,416 persons surveyed, 59.7 percent had spent time in a drug treatment program. Approximately 63.9 percent of the Atlantic City population had a history of previous drug treatment, compared to 49.2 and 76.8 percent in Jersey City and Nassau County respectively. Males tended to have been previously treated at a higher rate than females (60.3 to 58.4 percent).
- **Coupon Program--**To measure the effects of treatment cost on enrollment in a drug treatment program, a free voucher program for those unable to pay was instituted at Atlantic City and not at Nassau County and Jersey City. The program provided a free **30**-day treatment consisting of outpatient detoxification and counseling services to IVDUs who demonstrated that they did not have the means to pay. The result was that 90.3 percent of those eligible for treatment used the free treatment vouchers--compared to 32.7 percent at Jersey City and 28.3 percent at Nassau County.

**(5) Aftercare Intervention Produced Mixed Results**

The effect of aftercare intervention takes longer to assess than other interventions. The true measure is how many return to full drug use. Nassau County recruited 14 clients in their program--four completed the program successfully, four returned to full methadone maintenance, and six are still in aftercare. Jersey City recruited 100 clients for their program, without definitive results. Atlantic City was unable to initiate an aftercare program.

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**(6) Long-Term Follow-Up Of Intravenous Drug Users Proved Difficult**

**Follow-up** of **IVDUs** after the initial **contact** is at best difficult. The results of this study reinforced this fact. Normal follow-up using telephones, postcards, and contacts given at the time of intake resulted in only a 17 percent follow-up rate after six months. A survey to determine why showed that most had moved out of the area or had been incarcerated.

**(7) Counseling Proved Effective In Increasing The Knowledge Of The Study Population**

All study participants received AIDS counseling by a licensed counselor during intake. Counselors provided information about the following subjects: how the HIV is transmitted, AIDS high-risk practices and behaviors, the meaning of being HIV seropositive, and the effect of intravenous drug abuse on the transmission of the HIV. For those who returned for follow-up, a **16-question** true-false AIDS knowledge questionnaire (Appendix II) was self-administered. The results showed that **11.4** percent of the respondents answered all 16 questions correctly, followed by 17.3 percent who answered 15 questions correctly; 52.4 percent had between 12 and 14 correct answers. The remainder, 18.9 percent, had between three and 11 correct answers.

**5. RECOMMENDATIONS**

Recommendations presented here are based on the study findings and were developed to emphasize and support a continuing need to seek solutions to the problems that **IVDUs** present to themselves and **non-drug** users in the context of **controlling** the spread of AIDS. The recommendations are organized into five categories. They emphasize changes to the intervention strategies and future research agendas. The categories are:

- Outreach
- Drug abuse treatment
- Aftercare
- HIV testing and counseling
- Research agenda



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**(1) Outreach Needs To Be Continued And Expanded**

Outreach demonstration programs have been shown to be effective in reaching the IVDU population--one that is highly susceptible to the HIV and highly capable of infecting others. While these programs were instituted on a trial basis, there is a need to retain the successful ones. Starting and stopping these programs often results in undoing all the successes that the programs have experienced. If the **community-**based programs cannot support the employment of trained outreach workers, then the money spent on training these personnel (who are often former drug abusers themselves) is wasted. The gravity of AIDS and drug abuse is such that the **institutionalization** of personnel and facilities to treat and deal with this problem is paramount. Rather than cutback, a program of expansion should be instituted.

- **Expand Outreach--**Outreach needs to be expanded to include not only IVDUs but **non-IVDUs** who often associate with and influence IVDUs. Drug abusers and non-drug abusers who are not the target of outreach efforts feel left out and rejected. Outreach workers for this study often expressed the frustrations of encountering non-IVDUs who wanted their help, but could only be referred to others.
- **Expand Training For Outreach Workers--**As the outreach program becomes institutionalized, training for the outreach worker should be considered as a dynamic process that incorporates the latest **finding** from demonstration and research programs. IVDUs have been shown not to be a homogeneous group in respect to their knowledge, behavior, and practices. This probably means that the intervention has to fit particular group dynamics. If the outreach worker is taught to access the need of a client, or group of clients, then a cost-effective program could be developed to address those specific needs.
- **Expand Access To Treatment--**This study has demonstrated that IVDUs can be encouraged to accept treatment by outreach workers if it is available and affordable. Treatment and the diminution of AIDS high-risk behaviors are inextricably intertwined. It thus makes sense, and is cost-effective, to use outreach to educate IVDUs to the dangers of practicing high-risk behaviors, while encouraging them to seek treatment to remedy the basic problem--drug abuse.

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- Provide Materials And Equipment During Outreach--The provision of materials and supplies to provide the **IVDU**s with the means to practice non-high-risk behaviors is important in controlling the spread of the HIV. This study has demonstrated that if you supply the **IVDU** with a starter kit, some will personally continue to acquire and use this material personally; this demonstrates that the outreach worker influences the modification of high-risk behaviors,

## (2) Drug Abuse Treatment Needs Higher Priority

Access to drug abuse treatment is the cornerstone for controlling the spread of the HIV among **IVDU**s. If they cannot get the necessary drug abuse treatment and aftercare, then the chances of getting them to reduce their high-risk drug-taking behaviors is minimized. When outreach workers confront the **IVDU**s, they must be able to suggest a reasonable alternative, and drug treatment is the most logical choice.

- Provide Access To Treatment--Treatment should be provided to all drug users, regardless of their ability to pay. Those who cannot pay should be given vouchers entitling them to free treatment. Our study has shown that approximately 90 percent of those not in treatment would elect to receive treatment if they could afford it. Thus, the provision of treatment to all appears to be one of the vital links to addressing the spread of the HIV among drug abusers.
- Determine Who Benefits Most From Treatment--Studies have shown that drug abuse treatment aids in the control of AIDS high-risk behaviors and its concomitant spread of the the HIV. Yet, our study has shown that **IVDU**s who have never enrolled in a drug treatment program have a lower HIV seropositive rate than those who have. The reason for this is probably that **IVIX**s who have never enrolled in a program are the most recent recruits to IV drug use, or have some other characteristic that distinguishes them from others. This is promising since it appears that there is still time to reach this pool of HIV **susceptibles** and intervene successfully. To this end, further study should be conducted to determine who among **IVDU**s benefits most; those who **benefit** most should be designated

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as priority one. A priority scheme based on this type of assessment would probably be cost-effective. This could be effected in the context of the recommendation to “provide access to treatment for all **IVDU**s.”

(3) **HIV Testing And Counseling Need To Be Reevaluated**

This study, like most other studies, relies on the voluntary return of **IVDU**s--so that they can be notified and counseled about the results of their HIV tests and the implication of these results. However, few subjects return to obtain the results of the test (less than **50** percent for this study). Most testing programs are designed to measure the prevalence of HIV seropositivity in the community rather than alerting **IVDU**s about the seriousness of testing positive. However, we feel that more emphasis should be placed on reaching and counseling those who test positive. Methods should be developed to encourage 100 percent of those tested to return. One such procedure could be to withhold payment, or give out only a partial payment, at the time blood is drawn--and pay out the remainder when the individual returns for the results--for programs where incentive payments are made.

(4) **Aftercare** Should Be Expanded

Aftercare proved to be the intervention with the least success. It appears that what is needed to make this intervention a success is to develop a mentor program using persons who have a proven record of going from addiction to a drug-free state. This might help to motivate those who are trying to become drug-free.

(5) **Additional Research Is Needed**

Our study highlighted a number of areas where additional research is needed if effective AIDS prevention programs are to be instituted.

- Determine Why Drug Users Manage Crises And Drug **Craving** Differently Than Non-Drug Users--It is apparent that non-drug users encounter crises the same as drug users, yet they manage their reactions differently (i.e., they do not resort to drug-taking). Basic to teaching how to deal with crises and craving for drugs is to understand why one group deals with the problem in a socially acceptable manner and others do not. A better understanding of the etiologies that lead to this antisocial behavior is needed.

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- Determine How To Best Motivate Drug Abusers To Become Drug Free--The lack of motivation among drug abusers in treatment to become permanently drug-free is one of the major problems facing drug treatment programs. This hampers the application of aftercare programs. There is a need to develop workable strategies to improve motivation.
  - Determine How To Best Follow-Up Drug Abusers--Drug abusers are notorious itinerants who are difficult to recapture for follow-up. The success of most drug treatment and AIDS-targeted outreach programs requires follow-up.
  - Determine Why Groups **With** The Same AIDS High-Risk Experiences Have Different HIV Seropositive Rates--Some groups of **IVDU**s (e.g., females, those never treated before, etc.) with the same AIDS high-risk drug-taking behaviors have lower HIV seropositive rates than others. There are no apparent reasons for these differences. Studies should be done to determine why this is so.

## 6. PROBLEMS AND CONSTRAINTS

Some of the major problems and constraints encountered were:

- This study only targeted the problems and AIDS high-risk behaviors of intravenous **drug**-using addicts, although outreach workers report that there are frequent interactions between this group and freebasing cocaine users. The effect of this policy, in certain instances, was a sense of dissatisfaction among both the **IVDU**s and their non-IV **drug**-using friends. It also lead to the feeling that intravenous drug abusers receive more and better attention by authorities.
- Follow-up of **IVDU**s proved **difficult** because of the itinerant nature of this group. Many are homeless; others move out of the area, get lost in the population, or become incarcerated.

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**CHAPTER I**  
**INTRODUCTION**

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## CHAPTER I

### INTRODUCTION

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High-risk behaviors associated with intravenous drug use have come to be known as leading causes of human immunodeficiency virus (HIV) infection and the subsequent development of acquired immune deficiency syndrome (AIDS). The Centers for Disease Control reports that, as of November 1989, nearly one-third of the 115,158 HIV-caused AIDS cases were among IVDUs'. In 1987, in an effort to address this problem, the National Institute on Drug Abuse initiated AIDS Community Outreach Research Programs throughout the United States. Birch & Davis Associates, Inc., working with three sites in New York and New Jersey, developed and implemented a three-year AIDS outreach model program to increase the **capability** of methadone **maintenance** at these three sites.

The overall goal of the project was to test and evaluate the capability and/or effectiveness of methadone programs in reaching specific target populations (i.e., IVDUs, sexual partners of IVDUs, prostitutes who are IVDUs and/or their sexual partners) to prevent the spread of HIV infection and to promote the adoption of risk-reduction behaviors.

#### 1. PREVENTING THE TRANSMISSION OF THE HIV IS IMPORTANT IN STOPPING THE SPREAD OF AIDS

Since high-risk behavior associated with drug abuse has been shown to contribute to the spread of the HIV, it is important to institute preventive measures aimed at reducing this behavior if AIDS is to be controlled. **Most** drug treatment programs have not instituted effective AIDS prevention programs. Intervention strategies for controlling the spread of AIDS among IVDUs via drug treatment centers include:

- Access to drug treatment
- Access to HIV-antibody counseling and testing for IVDUs and their partners
- Preferential admission for seropositive IVDUs
- Special programs for pregnant addicts and for adolescents

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<sup>1</sup>Centers for Disease Control, Division of HIV/AIDS. "HIV/AIDS Surveillance." (December, 1989).

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- Access to condoms
  - Education programs for IVDUs and their partners on risk-reduction for AIDS

The application of these intervention strategies will address the high-risk behaviors that are known to contribute to the spread of AIDS.

## 2. THE STUDY FOCUSED ON A NUMBER OF AIMS AND OBJECTIVES

In order to meet the aims and objectives of the study, the following efforts were carried out:

- Establish and/or expand AIDS-related outreach and treatment services.
- Reinforce the importance and benefits of engaging in risk-reduction behaviors to prevent the spread of HIV infection.
- Encourage high-risk individuals to participate in HIV-antibody testing and counseling.
- Positively influence the knowledge, attitudes, beliefs, skills, and behaviors of those at risk in order to prevent the transmission of AIDS and improve health status.
- Educate both treatment clients and those persons obtained via outreach efforts; inform them that they are in fact vulnerable and at risk for HIV infection unless they take precautionary measures and/or engage in risk-reduction behaviors (i.e., needle cleaning, use of condoms).
- Reinforce community AIDS education messages via culturally sensitive methods and assist high-risk individuals in altering their high-risk behaviors and practices (i.e., unsafe sex, sharing works).
- Provide specialized AIDS prevention outreach and HIV-antibody testing and counseling targeted to IVDUs and their sexual partners or contacts.
- Research and educate IVDUs (in and out of treatment) and their sexual partners/contacts

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regarding the prevention of HIV infection.

- **Encourage** the reduction of the number of sexual partners, greater condom usage, increased cleaning of needles and works, and greater HIV-antibody testing and counseling.



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CHAPTER II

**STUDY METHODOLOGY**

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## CHAPTER II

### STUDY METHODOLOGY

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This three-year study was conducted at three methadone programs in the northeast United States: the Institute of Human Development (IHD) in Atlantic City, New Jersey; Spectrum Health Care in Jersey City, New Jersey; and the Nassau County Department of Drug and Alcohol Addiction in East Meadow, New York.

#### 1. AN INTERVENTION MODEL DESCRIBING IMPACTING FACTORS WAS DEVELOPED

A theoretical model was developed (Exhibit II-1) as an aide to understanding the factors that affect intervention and the sequence in which they impact on intervention and the resulting outcomes. This model shows which factors must be considered and ameliorated if a successful outcome is to be achieved. This model can be used **as** a planning mechanism to focus on specific objectives **and** behaviors and direct the intervention process. It can also be used as a tool in conducting the analysis of the study results, e.g., determining the effects of specific factors on outcome.

#### 2. THE STUDY HAD THREE MAJOR COMPONENTS

Exhibit II-2 shows the three program components and the major activities within each one. Each site developed its own procedures for performing the various types of intervention strategy; these procedures were based on population characteristics, drug abuse services offered, and other dynamics that were unique to the site.

##### **(1)** Outreach Was Performed By Trained Outreach Workers

Outreach was the primary intervention strategy. Outreach workers at the respective sites performed the following activities:

- Disseminated risk-reduction material on AIDS prevention, such as pamphlets on needle cleaning, safe sex, and risk of AIDS to the unborn.

**EXHIBIT II-1**  
**AIDS TARGETED OUTREACH MODEL**

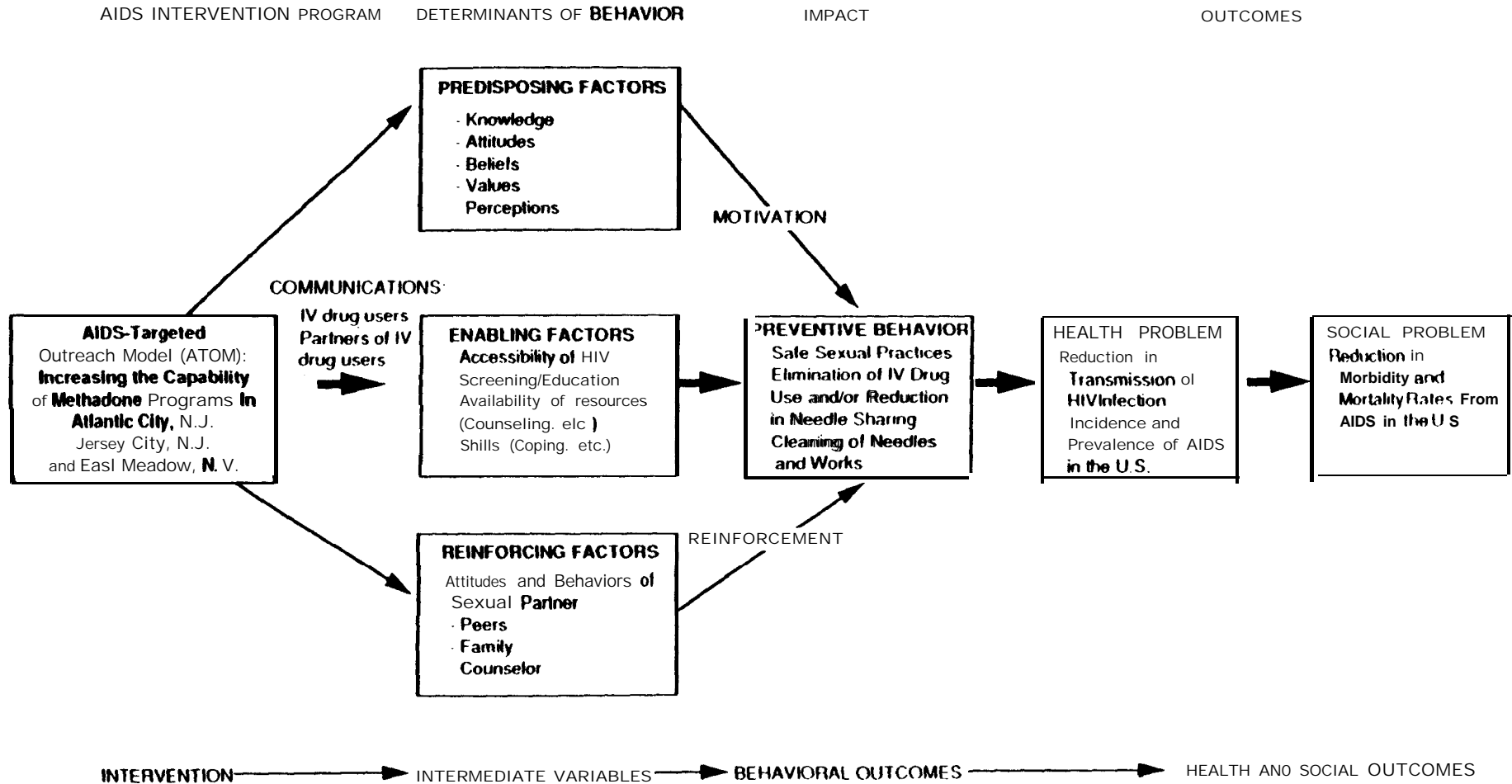
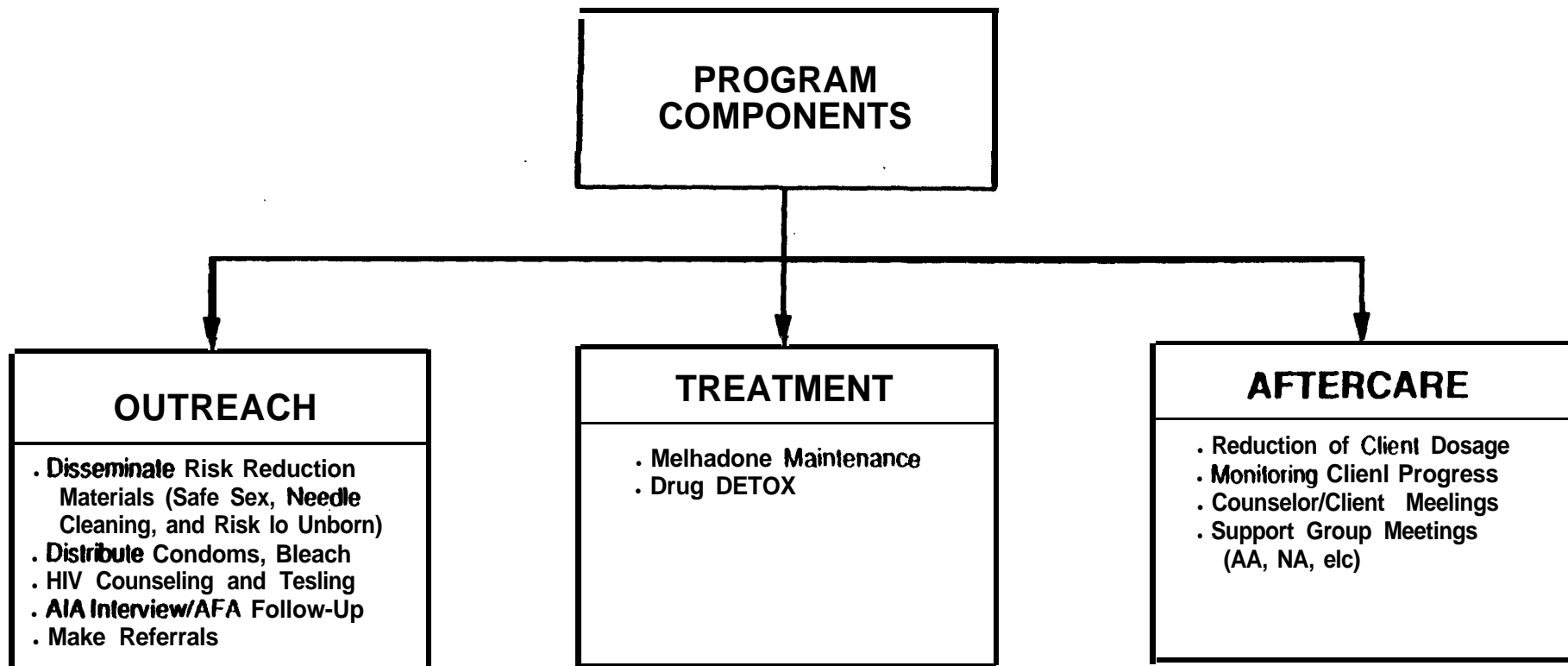


EXHIBIT II-2  
PROGRAM COMPONENTS



- 
- Distributed condoms and instructions on their usage, as well as bleach and directions on how to clean and sterilize needles.
  - Conducted HIV pre- and post-counseling and testing.
  - Administered the AIDS Initial Assessment **(AIA)** Questionnaire and Follow-Up Assessment (AFA) interviews.
  - Made necessary referrals.

The outreach workers were, in many instances, former drug addicts. These former addicts were converted from disease spreaders to a therapeutically oriented force that actively discouraged heroin use in the community. Individuals selected for the outreach worker positions were those who **were** stable on methadone and who (1) possessed good communication skills, including familiarity with drug language, (2) were able to collect and record data, and (3) were in sympathy with the goals of the study.

After outreach workers were interviewed and hired, they were given training. They were taught (1) how to identify drug users and their sexual partners not in treatment; (2) the high-risk behaviors that lead to HIV infections; (3) prevention practices that minimize the risk of obtaining AIDS; and (4) how to assess the needs of the client population. Outreach workers were required to attend introductory and refresher courses. A form (Exhibit 11-3) was developed to aid the outreach worker in making contacts and recording information about the contact.

## **(2) IVDUs Not In Treatment Were Referred To Treatment Programs**

The treatment component was designed to provide and/or refer clients that had injected drugs during the six months prior to recruitment and not had enrolled in a formal drug-treatment program during the **30** days before the intake interview. If the outreach component identified a subject that was in need of drug abuse treatment after an assessment of his/her condition, the person was referred to the appropriate program.

The Atlantic City site operated a coupon program designed to aid those who were unable to pay for drug treatment services. The site recognized that the State's curtailment of payment for treatment slots created

**EXHIBIT II-3  
OUTREACH CONTACT FORM**

**Outreach Contact Form.**

Key	
1 --	IV Drug User
2 --	Sexual Partner
3 --	Prostitute
4 --	Both IV Drug User & Sexual Partner
5 --	IV Drug User In Treatment
6 --	Other

Outreach Worker ID No. \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact IO No. \_\_\_\_\_

Name (Optional, i.e., nickname) \_\_\_\_\_

IV Drug Use: Past 6 Months: Yes No Ever: Yes No

Drug (1)	_____	IV: Yes No
Drug (2)	_____	IV: Yes No
Drug (3)	_____	IV: Yes No

Treatment Experience: Past 6 Months: Yes No Ever: Yes No

Sexual Partner Of IV Drug User: Yes No Prostitute: Yes No

Location Of Outreach: \_\_\_\_\_  
\_\_\_\_\_

What Was Talked About?: \_\_\_\_\_  
\_\_\_\_\_

Problems Encountered/Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referrals Made (Organization/Agency/Service): \_\_\_\_\_  
\_\_\_\_\_

	<u>YES</u>	<u>NO</u>
Materials Distributed:		
(Pamphlets, Condoms,	_____	_____
Bleach Bottles,	_____	_____
Comic Books)		

Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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a hardship for drug users who needed the assistance most, i.e., low- or no-income Black drug users.

(3) **Aftercare Was Designed To Move Addicts From Low to Zero Dosage Without Relapsing**

**Aftercare assisted IVDUs who had met the respective site criteria to move from intensive methadone treatment to a lower dosage within the aftercare support program. Aftercare services were designed to test two hypotheses.** The **first** was that the program would have positive effects on selected clients, and the second was that it would provide a cost-effective way for clinics to reallocate existing resources and focus more intensely on AIDS-related services.

A **tapering/aftercare** program was instituted at each site. In developing the program, the following issues were addressed:

- **Tapering/aftercare** philosophy
- Bio-psycho-social model for tapering and aftercare
- Criteria, methods, and instruments **for screening clients**
- **Six-step tapering process**
- **Five-step aftercare process**
- **Follow-up procedures**
- **Client progress evaluation measures, methods, and instruments**
- **Staff selection, training, supervision, and coordination**

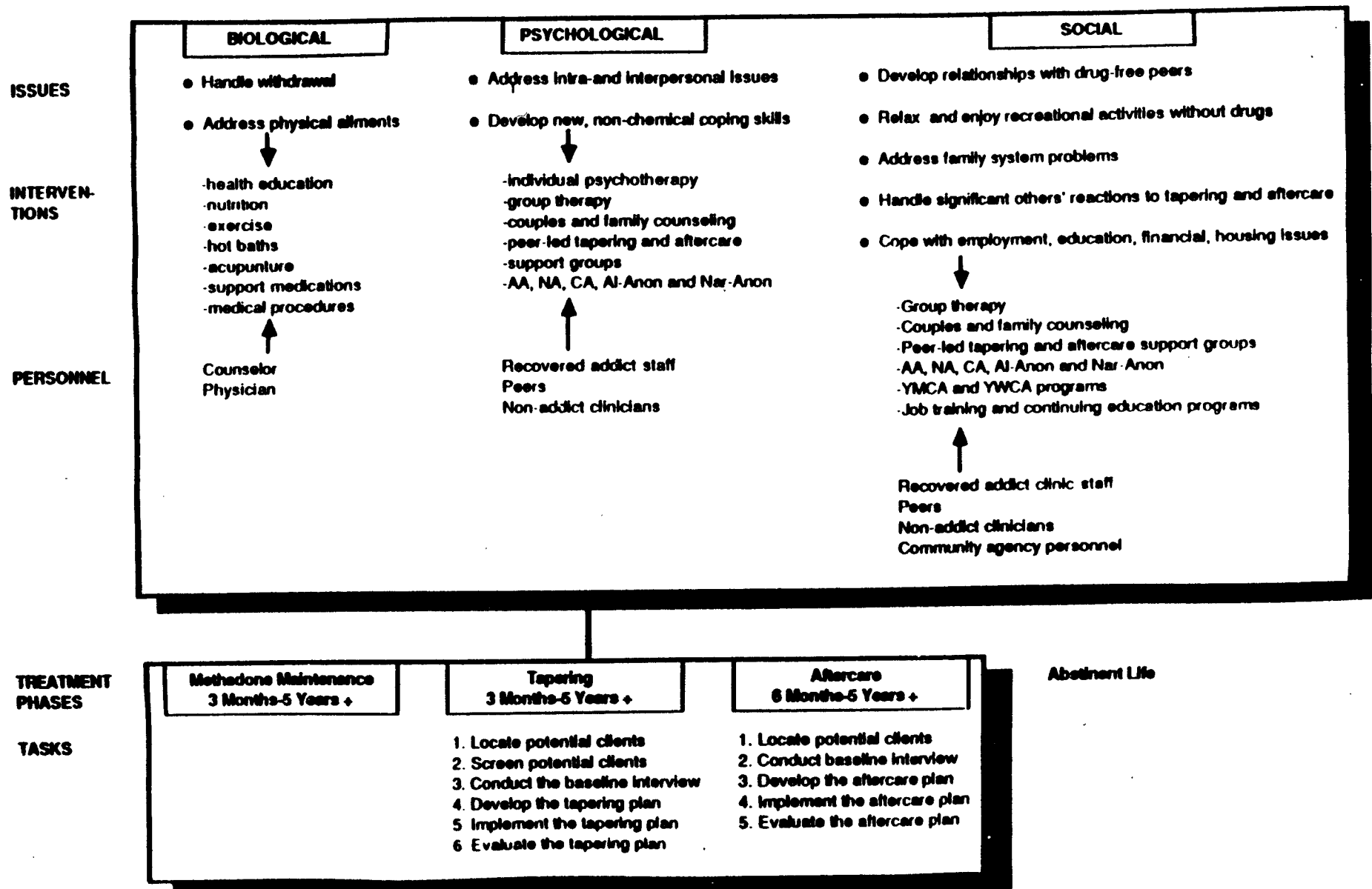
It was agreed by the sites that during the tapering and aftercare phases, clients must effect changes in three areas: biological, psychological, and social. It was further agreed that a model integrating these three areas into a single, comprehensive **continuum of care needed to be developed; The resulting model is described in Exhibit II-4.** The model describes issues, interventions, providers, treatment phases, and tasks.

3. **SITES WERE CHOSEN BECAUSE THEY SERVED LARGE POPULATIONS OF IVDUs  
AND SUPPORTED A METHADONE MAINTENANCE PROGRAM**

Prior to selecting sites for this project, a set of criteria was developed. In order to participate, the site had to have:

# EXHIBIT II-4

## BIO-PSYCHO-SOCIAL/TAPERING AND AFTERCARE SYSTEM





- 
- A high incidence of IV drug abuse
  - A methadone maintenance program
  - **200 IVDUs** for the study
  - Sociodemographic variability among the site's clients

Each site being considered was asked to submit sociodemographic characteristics of its **catchment** area and baseline information giving a description of the clients it serves. The three sites were chosen after a careful review of this data.

#### 4. QUALITY CONTROL AND VALIDATION PROCEDURES WERE INSTITUTED

One of the major concerns in conducting a project such as this is the importance of ensuring that the collection, management, and disposition of data and specimens are of the highest quality and maintained with the strictest confidentiality. To guide the project team in this effort, we developed a set of procedures (Exhibit **II-5**). We also developed timelines for performing these procedures.,

Validation procedures, where results obtained were checked against known results, were instituted wherever possible. Administrative records were often used for this purpose. If there was a discrepancy between two or more results, this was resolved through further investigation.

#### 5. THE AIDS INITIAL AND FOLLOW-UP ASSESSMENT (AIA, AFA) QUESTIONNAIRES WERE THE MAJOR INSTRUMENTS USED FOR DATA COLLECTION

The AIA and **AFA** questionnaires (version **7**) were the major instruments used to collect data on clients. The questionnaires are in-depth surveys, which take approximately 45 minutes to complete; they assess demographic characteristics, AIDS knowledge, and related attitudes and behaviors of drug-taking and sexual practices. The instrument consists of five major sections: Demographics, Health and AIDS, Drug History, Sexual Practices, and a section on Decreasing the Risk of AIDS. Specific questions address such items as needle-sharing habits, drugs injected, cleaning or sterilizing of works, specific things done to reduce the chance of transmitting AIDS, sexual practices, and sources of AIDS prevention information. The AIA was completed shortly after the client was recruited, and the **AFA** was completed approximately six months after recruitment.

EXHIBIT II-5

SAMPLE PROCEDURES TO ENSURE  
QUALITY AND CONFIDENTIALITY

Page 1 of 3

PROJECT AREA	QUALITY CONTROL	CONFIDENTIALITY
1. Blood Collection	<ul style="list-style-type: none"> <li>● Monitor/oversee drawing of blood</li> <li>● Retrain phlebotomists periodically</li> </ul>	<ul style="list-style-type: none"> <li>● Train</li> <li>● Use study code numbers only (no personal identifiers)</li> </ul>
2. Equipment	<ul style="list-style-type: none"> <li>● Monitor equipment functioning (e.g., temperature records for refrigerator)</li> <li>a Conduct preventive maintenance</li> </ul>	
3. Supplies	<ul style="list-style-type: none"> <li>● Ensure adequate supplies of tubas, shipping containers</li> <li>● Ensure adequate supplies of needles, alcohol swabs, vacutainers, gauze, tape, etc.</li> <li>● Ensure adequate supplies of interview protocols, consent forms, disclosure statements, etc.</li> </ul>	
4. Blood Analysis	<ul style="list-style-type: none"> <li>● Submit repeat blood specimens on 5% random sample to independently verify test reliability</li> <li>● Submit split samples of specimens for duplicate analysis</li> <li>● Submit known controls</li> </ul>	<ul style="list-style-type: none"> <li>a Obtain informed consents</li> <li>● Submit and report results by study code number only</li> </ul>
5. Sample	<ul style="list-style-type: none"> <li>● Screen program population for eligible participants prior to recruitment</li> <li>● Confirm eligibility at onset of interview (e.g., screening question)</li> <li>● Monitor representativeness of sample continually and adjust sampling frame as necessary</li> <li>● Determine how repeat admissions will be handled in subsequent data collection waves</li> </ul>	<ul style="list-style-type: none"> <li>a Ensure that study participants are identified by code number only throughout data collection wave</li> </ul>

PROJECT AREA	QUALITY CONTROL	CONFIDENTIALITY
8. HIV Testing/ Counseling	<ul style="list-style-type: none"> <li>● Retrain counselors periodically</li> <li>● Review instrument (upon conclusion) to ensure completeness</li> <li>● Analyze results for responses and intervene as appropriate (e.g., retrain, replace)</li> <li>● Assess responses using independent sources of information (available records) and with appropriate authorization</li> </ul>	<ul style="list-style-type: none"> <li>● Obtain informed consents</li> <li>● Retrain counselors' periodically</li> <li>● Conduct counseling sessions in private space</li> <li>● Identify HIV-test results by code number only</li> <li>● Ensure secure storage of instruments at program, and at B&amp;D</li> </ul>
7. Data Management	<ul style="list-style-type: none"> <li>● Implement procedures to accurately account for all test results at B&amp;D and programs</li> <li>● Conduct double entry of data</li> </ul> <p>Edit data for consistency errors using range checks and point distributions</p>	<ul style="list-style-type: none"> <li>● Send individual test results by study code number only to medical director, using certified mail</li> <li>● Ensure security of data file at B&amp;D</li> </ul>
8. Follow-up	<ul style="list-style-type: none"> <li>● Retrain program medical staff periodically</li> <li>● Conduct on-site review of procedures</li> <li>● Implement procedures to flag clients for whom results are received</li> </ul>	<ul style="list-style-type: none"> <li>● Retrain program medical staff periodically</li> <li>● Ensure that test results are kept separate from treatment program counseling records</li> <li>● Ensure that any outreach activities adhere to confidentiality requirements</li> </ul>

**EXHIBIT II-5**

Page 3 of 3

PROJECT AREA	QUALITY CONTROL	CONFIDENTIALITY
8. Follow-up (continued)	<ul style="list-style-type: none"><li>● Track rates of follow-up sessions provided</li><li>● Consider outreach efforts to locate patients who do not receive follow-up</li></ul>	

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Staff at the three sites were trained, retrained, and periodically given refresher courses in administering the questionnaires. Interviewers also attended classes sponsored by NIDA. Forms to collect data on outreach, HIV results, and aftercare were also developed and used for collecting and reporting information.

6. DATA WERE INPUTTED, PROCESSED, AND ANALYZED USING PERSONAL COMPUTERS AND SPSS-PC **SOFTWARE**

Staff at the sites were trained in how to report data to B&D for processing. Timelines were set for reporting the data and reconciling problems and errors. Copies of the collected data were sent to B&D monthly for editing and inputting into a database file. An SPSS data entry and cleaning program was developed to enter, verify, and clean the data. SPSS software was also used for data -processing and analysis.

7. THE POPULATION RECRUITED VARIED BY SOCIODEMOGRAPHIC **CHARACTERISTICS** AND DRUG-TAKING BEHAVIORS

The clients recruited for the study represented a wide variety of sociodemographic and drug-taking behavior groups. This was true at all sites. Ethnically, Whites, Blacks, Hispanics, Asian Americans, and Native Americans were represented. Clients had abused cocaine, heroin, speedball, amphetamines, non-prescription drugs, and other opiates. Exhibit II-6 through **Exhibit** II-15 show selected characteristics of the recruited population.

(1) **Sociodemographic Characteristics Show That The Majority Of The Client Population Was Composed Of Black Males Between 30 And 39 Years Of Age**

The project recruited 3,416 clients to be interviewed and tested for the HIV virus. Of those recruited, the majority were non-Hispanic Black males between the ages of 30 and 39. Approximately one-half of the total (1,649) were recruited at the Jersey City site (Spectrum) and the remainder were divided almost evenly between the Atlantic City site (IHD) and the Nassau County site.

- Race/Ethnicity--Exhibit II-6 shows that non-Hispanic Blacks comprised approximately 72.7 percent of the population recruited for the project, followed by non-Hispanic Whites (16.7

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percent), and Hispanics (9.3 percent). Asian Americans, Native Americans, and “Others” represented less than 1 percent each. Jersey City had the largest percentage of Blacks, and Atlantic City had the largest percentage of Whites.

- Sex/Gender--Males represented a disproportionately larger group than they represent in the U.S. population. Approximately 72.3 percent of the clients were males compared to 27.3 percent females. Transsexuals, unknowns, and those describing themselves as neither represented less than 1 percent combined. Though not shown in the exhibit, males represented approximately the same percentage for the three large ethnic groups.
- Age--Because of legal considerations, the study did not recruit anyone less than 17 years of age. Fifty-four percent of those recruited were 30 to 39 years old. Approximately 26.8 percent were between 20 and 29, and 17.4 percent were greater than **40 years** of age.
- Education--Approximately 66.2 percent of the clients reported that they had 12 years of schooling or had obtained a GED. This compares with 19.6 percent that reported they had at least 13 years of schooling. One person reported 26 years of schooling. A person may have had more than 12 years of schooling without ever having received a high school diploma--clients were not asked whether they obtained a diploma. The educational level at all three sites was similar.
- Marital Status--Exhibit II-10 shows that more than 58 percent had never married and only 16.3 percent were either married or living with a partner. There were similar rates at all three sites. This might have implications regarding the spread of the HIV through many sexual contacts.
- Children In Household--Approximately one-half of the participants (52.8 percent) live in households with no children under 18 years of age. Others live in households with one or more children. Jersey City had a significantly lower number of participants with no children in the household (**15.3** percent), compared to 59.4 percent at Atlantic City and 51.1 percent in Nassau County.
- Employed--Approximately 62.5 percent of participants were not employed at the time the

**EXHIBIT II-6**

NUMBER AND PERCENT' CLIENTS  
BY **RACE/ETHNICITY** AND SITE

SITE	RACE/ETHNICITY										TOTALS					
	WHITE NON-HISPANIC		BLACK NON-HISPANIC		HISPANIC		ASIAN-AMERICAN		NATIVE-AMERICAN				OTHER		UNKNOWN	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I H D	253	27.4	516	56.0	147	15.9	-	-	-	-	4	0.4	2	0.2	922	100.0
SPECTRUM	103	6.2	1396	84.7	140	8.5	1	0.1	4	0.2	4	0.2	1	0.1	1649	100.0
NASSAU COUNTY	214	25.3	573	67.8	32	3.8	-	-	7	0.8	4	0.5	15	1.8	845	100.0
TOTAL	570	16.7	2485	72.7	319	9.3	1	0.0	11	0.3	12	0.4	18	0.5	3416	100.0

'Percentages may not sum to 100 due to rounding.

**EXHIBIT II-7**  
**NUMBER AND PERCENT' CLIENTS**  
**BY SEX AND SITE**

SITE	SEX OF RESPONDENTS						TOTALS
	MALE N %	FEMALE N %	TRANSSEXUAL N %	OTHER N %	UNKNOWN N %		
IHD	671 72.0	248 26.9	- -	2 0.2	1 0.1	922 100.0	
SPECTRUM	1201 72.8	441 26.7	2 0.1	4 0.2	1 0.1	1649 100.0	
NASSAU COUNTY	599 70.9	242 28.6	2 0.2	- -	2 0.2	845 100.0	
TOTAL	2471 72.3	931 27.3	4 0.1	6 0.2	4 0.1	3416 100.0	

'Percentages may not sum to 100 due to rounding.



**EXHIBIT II-8**  
NUMBER AND PERCENT' CLIENTS  
BY AGE AND SITE

SITE	AGE OF RESPONDENTS (YEARS)										TOTALS	
	17-19		20-29		30-39		40+		UNKNOWN			
	N	%	N	%	N	%	N	%	N	%	N	%
IHD	13	1.4	247	26.8	458	49.7	178	19.3	26	2.8	922	100.0
SPECTRUM	12	0.7	465	28.2	943	57.2	226	13.7	3	0.2	1649	100.0
NASSAU COUNTY	2	0.2	202	23.9	446	52.8	189	22.4	6	0.7	845	100.0
TOTAL	27	0.8	914	26.8	1847	54.1	593	17.4	35	1.0	3416	100.0

'Percentages may not sum to 100 due to rounding.

**EXHIBIT II-9**  
**NUMBER AND PERCENT' CLIENTS**  
**BY EDUCATION AND SITE**

SITE	EDUCATION (YEARS)										TOTALS			
	0-6		7-9		10-12 <sup>2</sup>		13-26		OTHER				UNKNOWN	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
IHD	14	1.5	126	13.7	602	65.3	176	19.1	-	-	4	0.4	922	100.0
SPECTRUM	35	2.1	245	14.9	1089	66.0	277	16.8	1	0.1	2	0.1	1649	100.0
NASSAU COUNTY	9	1.1	44	5.2	571	67.6	215	25.4	-	-	6	0.7	845	100.0
TOTAL	58	1.7	415	12.1	2262	66.2	668	19.6	1	0.0	12	0.4	3416	100.0

'Percentages may not sum to 100 due to rounding.

\*Includes **GEDs**.

**EXHIBIT II-10**  
**NUMBER AND PERCENT' CLIENTS**  
**BY MARITAL STATUS AND SITE**

SITE	MARITAL STATUS								TOTALS					
	NEVER MARRIED		MARRIED OR LIVING WITH PARTNER		SEPARATED		DIVORCED				WIDOWED		UNKNOWN	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
IHD	525	56.9	151	16.4	120	13.0	110	11.9	15	1.6	1	1.1	922	100.0
SPECTRUM	1035	62.8	263	15.9	175	10.6	138	8.4	36	2.2	2	0.1	1649	100.0
NASSAU COUNTY	432	51.1	144	17.0	127	15.0	117	13.8	24	2.8	1	1.1	845	100.0
TOTAL	1992	58.3	558	16.3	422	12.4	365	10.7	75	2.2	4	0.1	3416	100.0

<sup>1</sup>Percentages may not sum to 100 due to rounding.

EXHIBIT II-11  
NUMBER AND PERCENT' CLIENTS  
BY CHILDREN IN HOUSEHOLD AND SITE

SITE	CHILDREN UNDER AGE 18 CURRENTLY LIVING IN YOUR HOUSEHOLD						TOTALS					
	0	1	2-4	5+	UNKNOWN							
	N	%	N	%	N	%	N	%				
IHD	548	59.4	148	16.1	195	21.1	28	3.0	3	0.3	922	100.0
SPECTRUM	252	15.3	266	16.1	462	28.0	72	4.4	27	1.6	1649	100.0
NASSAU COUNTY	432	51.1	134	15.9	153	18.1	17	2.0	109	12.9	845	100.0
TOTAL	1802	52.8	548	16.0	810	23.7	117	3.4	139	4.1	3416	100.0

'Percentages may not sum to 100 due to rounding.

EXHIBIT II-12  
NUMBER AND PERCENT' CLIENTS  
BY EMPLOYMENT STATUS AND SITE

SITE	CURRENTLY EMPLOYED						TOTALS	
	YES		NO		UNKNOWN			
	N	%	N	%	N	%	N	%
IHD	361	39.2	545	59.1	16	1.7	922	100.0
SPECTRUM	252	15.3	1033	62.6	364	22.1	1649	100.0
NASSAU COUNTY	225	26.6	558	66.0	62	7.3	845	100.0
TOTAL	838	24.5	2136	62.5	442	12.9	3416	100.0

'Percentages may not sum to 100 due to rounding.

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questionnaire was administered. All sites had approximately 60 percent not employed. Atlantic City had the highest employment rate--39.2 percent.

**(2) Very Few Women Reported They Were Pregnant**

In order to obtain an estimate of the potential for passing the HIV to unborn babies, females were asked if they were pregnant. Exhibit II-13 shows that only 4.7 percent reported that they were. Results were similar at the three sites.

Both males and females were asked if they had used **birth** control during the past year. Approximately 70.4 percent stated that they had not. Since the majority of the participants were males, this result could probably be predicted. Nassau County had the highest usage rate (33.7 percent), and Atlantic City the lowest (21.6 percent).

**(3) Project Participants Varied By Recruitment Criteria**

The major criteria for recruitment in the project were that the recruit was either an intravenous drug user, a sexual partner of an intravenous drug user, or a prostitute. The intravenous drug users must have injected drugs during the six months prior to recruitment and must not have enrolled in a formal drug treatment program during the 30 days before the intake interview. **Exhibit** II-15 gives a breakdown of participants in the study by site.

As a result of this set of criteria, the overwhelming majority of those recruited were IVDUs (84.5 percent). Approximately 11.7 percent were sexual partners of **IVDUs** and 3.4 percent were prostitutes. The majority of participants were IVDUs (81.7 percent). The remainder were primarily sexual partners of IVDUs or prostitutes.

**EXHIBIT II-13**  
**NUMBER AND PERCENT CLIENTS**  
**BY PREGNANCY STATUS AND SITE**

SITE	CURRENTLY PREGNANT						TOTALS	
	YES		NO		UNKNOWN			
	N	%	N	%	N	%	N	%
IHD	15	6.3	216	90.0	9	3.0	240	100.0
SPECTRUM	16	3.9	306	95.1	4	1.0	406	100.0
NASSAU COUNTY	10	4.3	221	94.0	4	1.7	235	100.0
TOTAL	41	4.7	823	93.4	17	1.9	881	100.0

<sup>1</sup>**Percentages** may not sum to 100 due to rounding.

**EXHIBIT II-14**  
**NUMBER AND PERCENT' CLIENTS**  
**BY BIRTH CONTROL STATUS AND SITE**

SITE	USE <b>BIRTH</b> CONTROL DURING PAST <b>YEAR</b>						TOTALS	
	YES		NO		UNKNOWN			
	N	%	N	%	N	%	N	%
IHD	199	21.6	701	76.0	22	2.4	922	100.0
SPECTRUM	37s	22.7	1257	76.2	17	1.0	1649	100.0
<b>NASSAU</b> COUNTY	285	33.7	446	52.8	114	13.5	845	100.0
TOTAL	859	25.1	2404	70.4	153	4.5	3416	100.0

<sup>1</sup>**Percentages** may not sum to 100 due to rounding.



EXHIBIT II-15  
NUMBER AND PERCENT' Clients  
BY TARGET GROUP AND BITE

SITE	TARGET GROUP										TOTALS			
	IV USER NOT IN TREATMENT		SEXUAL PARTNER OF IV USER		PROSTITUTE		IV USER + SEXUAL PARTNER OF IV USER		IV USER IN TREATMENT				OTHER	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
IHD	453	49.1	110	11.9	-	-	343	37.2	9	1.0	7	0.8	922	100.0
SPECTRUM	881	53.4	223	13.5	71	4.3	451	27.3	22	1.3	1	0.1	1649	100.0
NASSAU COUNTY	327	30.7	68	8.0	44	5.2	337	39.9	63	7.5	6	0.7	845	100.0
TOTAL	1661	48.6	401	11.7	115	3.4	1131	33.1	94	2.0	14	0.4	3416	100.0

<sup>1</sup>Percentages may not sum to 100 due to rounding.

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## CHAPTER III

### FINDINGS

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## CHAPTER III

### FINDINGS

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The extensive amount of data collected during the course of this study, and the time necessary to process and analyze it, precluded a full in-depth analysis for this report. Accordingly, we have selected **findings** that address the results of the interventions. Key questions addressed are:

- What are the drug abuse behaviors of IVDUs that put them at high risk for AIDS?
- What are the sexual behaviors of IVDUs that put them at high risk for AIDS?
- What are the seroprevalence rates among various groups of IVDUs?
- What effect does intervention have on changing behaviors that put IVDUs at high risk for AIDS?

#### 1. OUR STUDY SHOWED THAT DRUG USERS ARE NOT A MONOLITHIC GROUP

Our study showed that drug users do not all start out the same, abuse the same drugs, practice high-risk behaviors at the same rate, or react the same to an intervention. Some drug users start injecting early in life, while others start late in life; some report that they do not practice high-risk drug- taking and sexual behaviors, while other report that they do.

##### (1) Most **Drug Users** Had Injected Heroin

Exhibit III-1 shows that the drug most participants in this study had injected was “heroin alone” (90.6 percent), followed by cocaine (79.5 percent), and speedball (73.3 percent). Speedball is a mixture of heroin and cocaine. Other opiates, amphetamines, and non-prescription drugs were also injected, but to a lesser extent. Exhibit III-1 shows that nearly everyone from Atlantic City (97.4 percent) had injected heroin. Nassau County had a higher rate of injecting amphetamines, non-prescription drugs, and “other opiates” than Jersey City and Atlantic City.

**EXHIBIT III-1**  
**NUMBER AND PERCENT IVDUS**  
**BY TYPE DRUG **EVER** INJECTED AND SITE**

SITE	TYPE DRUGS <b>EVER</b> INJECTED											
	HEROIN ALONE		NON-RX DRUGS		OTHER OPIATES		COCAINE		SPEEDBALLS		AMPHETAMINE8	
	N	%	N	%	N	%	N	%	N	%	N	%
IHD	792	97.4	22	2.8	156	19.9	631	78.1	621	77.4	77	9.9
SPECTRUM	1257	87.0	15	1.0	38	2.6	1104	76.4	1032	71.6	21	1.5
<b>NASSAU</b>	693	90.2	47	6.9	145	21.4	669	86.7	494	71.9	88	13.3
TOTAL	2742	90.6	84	11.7	339	11.7	2404	79.5	2147	73.3	186	6.5

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**(2) Needle Use Usually Starts At An Early Age**

More than half of the IVDUs in the study (52.0 percent) started drug use before they reached **20** years of age, and more than 93 percent started before 30 years of age (Exhibit 111-2). The youngest age reported by a respondent was nine--by a male participant. One unfortunate effect of early needle use is that the injector is exposed to high-risk AIDS behaviors for a longer duration, thus increasing the likelihood of infection. The fact that so many participants began drug use at an early age supports the practice of introducing AIDS prevention in schools.

**(3) High-Risk AIDS Drug-Taking Behaviors Are Not Universal**

One AIDS high-risk drug-taking behavior is sharing “works. IVDUs were asked if they shared “works with partners. Approximately 42.2 percent reported that they do (Exhibit 111-3). If this is true, it means that this high-risk AIDS behavior is not universally being practiced by IVDUs. Atlantic City participants reported a rate of 68.8 percent, compared to 33.2 and 37.7 percent for Jersey City and Nassau County respectively.

IVDUs were also asked--“Have you changed the way you clean needles.” Approximately 51.8 percent stated that they had, which indicates, if the responses are true, that the message is being disseminated, and accepted by those who are at risk.

**(4) Females Report Less High-Risk AIDS Sexual Behaviors Than Males**

A measure of AIDS high-risk sexual behavior among IVDUs is the number of different sexual partners the person has had. The more partners, the greater the exposure. Exhibit III-4 shows the number of sexual partners reported during the 30 days prior to the intake interview. Approximately 18.8 percent of those reporting said they had no sexual partners, compared to 55.4 percent reporting only **one** sexual partner and 25.8 percent reporting two or more. Males more frequently reported having two or more partners (28.2 percent), compared to females (19.3 percent).

Exhibit III-6 shows that more than 50 percent of females reported having sex with male IVDUs during the 30 days prior to the intake interview, compared to 40 percent of males reporting having sex with female IVDUs (Exhibit 111-7). The percent of males who reported sexual activity with other male IVDUs was

**EXHIBIT III-2**  
**NUMBER AND PERCENT' IVDUs**  
**BY AGE WHEN STARTED NEEDLE USE AND SITE**

SITE	AGE WHEN STARTED <b>NEEDLE</b> USE								TOTALS	
	<20		20-29		30-39		40+			
	N	%	N	%	N	%	N	%	N	%
IHD	410	50.4	340	41.0	53	6.5	10	1.3	813	100.0
SPECTRUM	746	51.6	605	41.0	124	5.0	11	0.8	1447	100.0
NASSAU COUNTY	426	54.5	302	30.7	41	5.2	12	1.6	781	100.0
TOTAL	1582	52.0	1247	41.0	179	5.9	33	1.1	3041	100.0

**'Percentages may** not sum to **100** due to rounding.

**EXHIBIT III-3**  
**NUMBER AND PERCENT IVDUs WHO SHARED WORK**  
**AND CHANGED WAY THEY CLEANED NEEDLES BY SITE**

SITE	NEEDLE SHARING BEHAVIORS			
	SHARE WORKS		CHANGED WAY CLEAN NEEDLES	
	N	%	N	%
IHD	560	68.8	495	61.6
SPECTRUM	423	33.2	693	48.6
NASSAU COUNTY	292	37.7	346	47.1
TOTAL	1275	42.2	1534	51.8

**EXHIBIT III-4**  
**NUMBER AND PERCENT' RESONDENTS BY NUMBER**  
**SEXUAL PARTNERS PAST 30 DAYS AND SITE**

SITE	SEXUAL PARTNERS DURING PAST 30 DAYS								TOTALS	
	NONE		ONE		2-4		5+			
	N	%	N	%	N	%	N	%	N	%
IHD	190	20.8	520	57.0	178	19.6	24	2.6	912	100.0
SPECTRUM	280	17.1	964	58.8	346	21.1	150	3.0	1640	100.0
NASSAU COUNTY	163	20.1	379	46.7	187	23.1	82	10.1	811	100.0
TOTAL	633	18.8	1863	55.4	711	21.2	156	4.6	3363	100.0

'Percentages may not sum to 100 due to rounding.



EXHIBIT III-5  
NUMBER AND PERCENT' MALE RESPONDENTS BY NUMBER  
SEXUAL PARTNERS PAST 30 DAYS AND SITE

SITE	SEXUAL PARTNERS DURING PAST 30 DAYS								TOTALS	
	NONE		ONE		2-4		5+			
	N	%	N	%	N	%	N	%	N	%
IHD	147	22.0	354	53.1	148	22.2	18	2.7	667	100.0
SPECTRUM	202	16.9	681	57.0	275	23.0	36	3.1	1194	100.0
NASSAU COUNTY	110	19.1	258	44.6	156	27.0	54	9.3	578	100.0
TOTAL	459	18.8	1293	53.0	579	23.7	108	4.5	2439	100.0

<sup>1</sup>Percentages may not sum to 100 due to rounding.

**EXHIBIT III-6**  
**NUMBER AND PERCENT' FEMALE RESPONDENTS BY NUMBER**  
**SEXUAL PARTNERS PAST 30 DAYS AND SITE**

SITE	SEXUAL PARTNERS DURING PAST 30 DAYS								TOTALS	
	NONE		ONE		2-4		5+			
	N	%	N	%	N	%	N	%	N	%
IHD	43	17.7	163	67.4	30	12.4	6	2.5	242	100.0
SPECTRUM	75	17.1	281	64.0	70	15.9	'13	3.0	439	100.0
NASSAU COUNTY	52	22.6	121	52.6	31	13.5	26	11.3	230	100.0
TOTAL	170	18.7	565	62.0	131	14.4	45	4.9	911	100.0

'Percentages may not sum to 100 **due** to rounding.

**EXHIBIT III-7**  
**NUMBER AND PERCENT' MALES WITH IVDU FEMALE SEXUAL PARTNERS**  
**DURING PAST 30 DAYS BY SITE**

SITE	IVDU <b>FEMALE</b> SEXUAL PARTNERS DURING PAST 30 DAYS								TOTALS	
	NONE		ONE		2-4		5+			
	N	%	N	%	N	%	N	%	N	%
IHD	350	59.0	188	31.7	47	8.0	8	1.3	593	100.0
SPECTRUM	759	65.5	297	25.6	81	<b>7.1</b>	21	1.8	1158	100.0
NASSAU COUNTY	258	48.8	145	27.4	91	17.2	35	6.6	529	100.0
TOTAL	1367	60.0	630	27.6	219	9.6	64	2.8	2280	100.0

'Percentages may not sum to 100 due to rounding.

**EXHIBIT III-8**  
**NUMBER AND PERCENT' FEMALES**  
**WITH IVDU MALE SEXUAL**  
**PARTNERS DURING PAST**  
**30 DAYS BY SITE**

SITE	IVDU MALE SEXUAL PARTNERS DURING PAST 30 DAYS								TOTALS	
	NONE		ONE		2-4		5+			
	N	%	N	%	N	%	N	%	N	%
IHD	122	50.3	115	47.3	4	1.6	2	0.8	243	100.0
SPECTRUM	195	45.3	223	51.9	10	2.3	2	0.5	430	100.0
NASSAU COUNTY	105	47.5	96	43.4	14	6.3	6	2.8	221	100.0
TOTAL	422	47.3	434	48.5	28	3.1	10	1.1	894	100.0

'Percentages may not sum to 100 due to rounding.

**EXHIBIT III-9**  
**NUMBER AND PERCENT' MALES WITH IVDU MALE SEXUAL**  
**PARTNERS DURING PAST 30 DAYS BY SITE**

SITE	IVDU MALE SEXUAL PARTNERS DURING PAST 30 DAYS				TOTALS	
	NONE N %	ONE N %	2-4 N %	5+ N %		
IHD	618 99.5	- -	3 0.5	- -	621	100.0
SPECTRUM	1148 98.6	9 0.8	5 0.4	2 0.2	1164	100.0
NASSAU COUNTY	327 98.2	12 3.5	6 1.7	2 0.6	347	100.0
<b>TOTAL</b>	2093 98.2	21 1.0	14 0.6	4 0.2	2132	100.0

<sup>1</sup>Percentages may not sum to 100 due to rounding.

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negligible (1.8 percent).

**(5) A Substantial Number Of IVDUs Have Never Entered A Drug Treatment Program**

A large number of IVDUs participating in the study reported that they had never enrolled in a drug treatment program. Of the 3,416 participants, 40.3 had never received treatment. Exhibit III-10 shows that Jersey City had the lowest rate of those treated (50.8 percent), compared to Atlantic City (36.1 percent), and Nassau County (23.2 percent). The overall rate for males who have had treatment is slightly higher than for females--60.3 percent to 58.4 percent respectively.

**2. HIV SEROPOSITIVE RATES WERE HIGH AMONG STUDY PARTICIPANTS**

HIV seropositive results for study participants were only available for the Jersey City and Atlantic City areas. (Nassau County results were not made available because of the confidentiality laws.) Rates from Atlantic City and Jersey City are much higher than most areas in the U.S. Exhibit III-11 shows that the rate among the study population was 34.4 percent--48.5 percent in Jersey City and 25.7 percent in Atlantic City. Group rates for Nassau County, where available, were approximately 30 percent.

**(1) Males Had A Higher HIV Seropositive Rate Than Females**

Males had a significantly higher HIV seropositive rate than females--37.9 percent for males and 24.4 percent for females. In a review of 92 published and unpublished studies from throughout the United States for IVDUs enrolled in drug-treatment programs', none showed consistently different HIV seropositivity rates between males and females.

Exhibit III-11 shows HIV seropositive rates between males and females for Whites and Blacks in the study. Females, consistently, have lower rates than males.

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'Centers for Disease Control, Morbidity and Mortality Weekly Report. "Human Immunodeficiency Virus Infection in the United States." (December 18, 1987).

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**EXHIBIT III-10**  
**NUMBER AND PERCENT OF IVDUs WITH**  
**PREVIOUS HISTORY *OF* DRUG TREATMENT**  
**BY SITE AND SEX**

SITE	SEX OF RESPONDENT				TOTALS	
	MALES		FEMALES			
	N	%	N	%	N	%
IHD	434	64.9	150	61.2	584	63.9
SPECTRUM	590	50.0	202	46.9	792	49.2
NASSAU COUNTY	422	76.6	172	77.5	594	76.8
TOTAL	1446	60.3	524	58.4	1970	59.7

EXHIBIT III-11  
NUMBER TESTED AND PERCENT HIV POSITIVE  
BY SEX AND ETHNICITY

SEX	RACE/ETHNICITY						TOTALS	
	WHITE NON-HISPANIC N            %	BLACK NON--HISPANIC N            %	HISPANIC N            %	NATIVE AMERICAN N            %	OTHER N            %		N            %	
MALE	169      23.1	626      43.2	121      29.8	1      100.0	4      50.0		921      37.9	
FEMALE	73      15.1	213      27.1	32      28.1	-           -	1      0.0		319      24.4	
TOTAL	242      20.6	839      39.2	153      29.7	1      100.0	5      40.0		1240      34.4	



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(2) Blacks **Had A Higher HIV Seropositive Rate Than Whites And Hispanics**

Exhibit III-12 shows a breakdown of the number and percent HIV positive by ethnicity and site. There are a substantial number of studies that have shown ethnic differences in seroprevalence rates. Most of the studies where ethnic differences were observed showed a higher seroprevalence rate among **IVDU**s who were members of ethnic minorities.

Blacks had the highest rate (39.2 percent), compared to 29.7 percent for Hispanics and 20.6 percent for Whites.

3. **SUBJECTS NEVER ENROLLED IN A TREATMENT PROGRAM HAD LOWER HIV SEROPOSITIVE RATES THAN THOSE WHO HAD**

One of the interesting results of this study is that subjects who reported that they had at one time enrolled in a drug treatment program had a much higher HIV seropositive rate than those who had not. One would expect that those who had taken the responsibility to enroll in a treatment program would have a greater **sense** of responsibility and would be less likely to engage in high-risk behaviors. .

Exhibit III-13 shows that those never in treatment had a HIV seropositive rate of 28.8 percent, compared to 38.3 for those who had previously enrolled in a program.

4. **AFTERCARE PRODUCED MIXED RESULTS**

Jersey City and Nassau County instituted aftercare programs with mixed results. **Atlantic** City was never able to institute a program.

Nassau County recruited 14 clients for their program. Four successfully completed the program; four returned to full methadone maintenance; and six were still in aftercare at the time of this report. It appears that more time will be needed to fully assess the Nassau County program.

Jersey City recruited 100 subjects to participate in their aftercare program. It is **too early to assess the** results of their program.

EXHIBIT III-12  
NUMBER TESTED AND PERCENT HIV POSITIVE  
BY ETHNICITY AND SITE

SITE	RACE/ETHNICITY								TOTALS			
	WHITE NON-HISPANIC		BLACK NON-HISPANIC		HISPANIC		NATIVE AMERICAN				OTHER	
	N	%	N	%	N	%	N	%	N	%	N	%
IHD	211	15.6	427	32.2	126	20.5	-	-	4	25.0	768	25.7
SPECTRUM	31	54.8	412	46.2	27	71.4	1	100.0	1	100.0	472	48.5
TOTAL	242	20.6	841	39.2	153	29.7	1	100.0	5	40.0	1240	34.4

**EXHIBIT III-13**  
**NUMBER TESTED AND PERCENT**  
**HIV POSITIVE BY TREATMENT**  
**STATUS AND SITE**

SITE	TREATMENT STATUS		TOTALS	
	EVER IN TREATMENT	NEVER IN TREATMENT		
	N %	N %	N %	
IHD	483 29.0	206 19.9	769	25.6
SPECTRUM	243 56.8	227 40.1	470	40.7
TOTAL	726 38.3	513 20.0	1239	34.4

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**5. SITES WERE INEFFECTUAL IN COMPLETING FOLLOW-UP QUESTIONNAIRES (AFAs)**

Even though the sites mounted intensive campaigns to complete follow-up questionnaires for subjects who completed an intake questionnaire, their efforts fell well short of what is needed for a representative sample. Jersey City had a follow-up rate of 18.3 percent, followed by Nassau County with a rate of 14.6 percent and Atlantic City with a rate of **13.7** percent. Any analysis based on these levels of recovery rates would possibly be misleading, so we decided not to attempt any.

**6. COUPON PROGRAM AT ATLANTIC CITY PROVED SUCCESSFUL IN FILLING A NEED**

The Atlantic City program provided a **30-day** free treatment services coupon for participants who were in need of treatment but could not pay. Also included was a one-hour AIDS education group session. During the life of the project, 838 coupons were issued. Of the 838 persons using coupons, 36 percent remained active upon expiration of the service paid for by the coupon. Exhibit III-14 compares the number enrolled in this treatment program to the number enrolled in the Jersey City and Nassau County programs. The results clearly show that if treatment is made available at no cost, **IVDU**s will take **advantage** of it. The rates for those obtaining treatment increased from 32.7 and 28.3 percent in Jersey City and Nassau County respectively to 90.3 percent where the coupon program was tested (Atlantic City).

**EXHIBIT III-14**  
**NUMBER AND PERCENT OF ELIGIBLE OUTREACH CONTACT**  
**ADMITTED TO DRUG TREATMENT PROGRAM BY SITE: MAY, 1988-MAY, 1990**

SITE	OUTREACH CONTACTS ELIGIBLE FOR TREATMENT	ELIGIBLES ADMITTED TO DRUG TREATMENT PROGRAM	PERCENT OF ELIGIBLES ADMITTED
IHD <sup>1</sup>	928	838	90.3
SPECTRUM	1332	436	32.7
NASSAU COUNTY	812	230	28.3

<sup>1</sup>IHD OFFERED FREE COUPONS TO ALL ELIGIBLE CONTACTS.

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APPENDIX A

AIDS INITIAL ASSESSMENT **(AIA)** QUESTIONNAIRE

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NATIONAL **INSTITUTE** ON DRUG ABUSE  
AIDS TARGETED OUTREACH DEMONSTRATION PROJECT  
AIDS INITIAL ASSESSMENT (**ALA**) **QUESTIONNAIRE**

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OMB Clearance Number 0930-0124  
Expires September 30, 1990

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**CONSENT TO PARTICIPATE**

We invite you to take part in an outreach demonstration study regarding AIDS and drug use being conducted by \_\_\_\_\_ . This three-year study is sponsored by the U.S. Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration, under authority of Section 516 of the Public Health Service Act. It is important that you read and understand several general principles that apply to all who take part in the study: (a) taking part in the study is entirely voluntary; (b) you may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled; and (c) you are urged to discuss any questions you have about this study with the staff member(s) who will explain it to you.

If you agree to participate in this study, you will be asked to consent to an initial interview and following interviews about every six months during the period of your participation. This interview will be conducted by a health outreach worker, and includes questions about your health and life-style, including drug use and sexual practices. If you consider any of the questions to be too sensitive, you may decline to answer them. The interview takes about one hour. No information that identifies you will be entered on the questionnaire; your responses will be completely anonymous.

The information gained from this study will help contribute toward learning more about the effectiveness of targeted AIDS/drug use outreach methods and their impact on individuals who may potentially be at risk. When the results of this study are reported, such as in professional journals or at scientific meetings, no identification of those taking part will be made.

Please review the above information (which you have just read) and complete the item below.

.....  
**ADULT CLIENT'S CONSENT**

I have read the explanation about this study and have been given the opportunity to discuss it and to ask questions. I hereby consent to take part in this study.

\_\_\_\_\_  
**Signature of Adult Client and Date Signed**

\_\_\_\_\_  
**Signature of Investigator and Date Signed**



**AIA - PRELIMINARY DATA**

**FOR ATOM CONTRACTOR INTERVIEWEES ONLY**

**INTERVIEWER READ:** *As I said to you earlier, your answers in this interview will be anonymous. No one will be able to identify you with your interview responses.*

*We will need to interview you again as part of measuring our program's impact and have developed a way to indicate that two or more interviews were completed by the same, though unidentified, person. This methodology involves a few questions that ask you to give initials and dates. These letters and numbers become a unique code without identifying or being tied to a person.*

*Please help us now to establish this code which I will ask you to recreate for any future interviews. As you will see, the information asked does not link you to the interview itself. Therefore, you cannot be identified or connected to your responses through the provision of this information.*

- |      |  |   |
|------|--|---|
| Q1.  | What is the first letter of your first name?<br>(RECORD LETTER; "8" = REFUSED; "9" = DONT KNOW)                  | —                                       |
| Q2.  | On what date of the Month were you born?<br>(RECORD NUMBERS; "XX" = REFUSED; "YY" = DONT KNOW)                   | <u>  </u> <u>  </u>                     |
| Q3a. | What is the first letter of your mother's first name?<br>(RECORD LETTER; "8" = REFUSED; "9" = DONT KNOW)         | —                                       |
| Q3b. | What is the first letter of your mother's maiden name?<br>(RECORD LETTER; "8" = REFUSED; "9" = DONT KNOW)        | —                                       |
| Q3c. | What is the month and day of your mother's birthday?<br>(RECORD NUMBERS; "XX XX" = REFUSED; "YY YY" = DONT KNOW) | <u>  </u> <u>  </u> <u>  </u> <u>  </u> |
| Q4a. | What is the first letter of your father's first name?<br>(RECORD LETTER; "8" = REFUSED; "9" = DONT KNOW)         | —                                       |
| Q4b. | What is the month and day of your father's birthday?<br>(RECORD NUMBERS; "XX XX" = REFUSED; "YY YY" = DONT KNOW) | <u>  </u> <u>  </u> <u>  </u> <u>  </u> |

**INTERVIEWER: IF YOU DID NOT OBTAIN FULL INFORMATION ON Q3a, Q3b, Q4a, and Q4b, ABOVE THEN ASK Q5. BELOW.**

- |     |  |                     |
|-----|--|---------------------|
| Q5. | In what month were you born?<br>(RECORD NUMBERS; "XX" = REFUSED; "YY" = DONT KNOW) | <u>  </u> <u>  </u> |
|-----|--|---------------------|

**A**

**PRELIMINARY DATA**

RESPONDENT ID#: \_\_\_\_\_

OR

CONTRACT CCN#: \_\_\_\_\_

**(CHECK) ONE FROM:**

SITE NUMBER: \_ \_

INDIGENOUS OUTREACH \_\_\_\_\_

BATCH NUMBER: \_\_\_\_\_

CRIMINAL JUSTICE SYSTEM \_\_\_\_\_

INTERVIEWER ID #: \_ \_

EMERGENCY ROOM/CLINIC \_\_\_\_\_

INTERVIEW LANGUAGE

TREATMENT PROGRAM \_\_\_\_\_

English 1

**TYPE**

Spanish 2

Methadone maintenance \_\_\_\_\_

Other 3

Drug detoxification \_\_\_\_\_

(Specify: \_\_\_\_\_)

Residential (e.g., TC) \_\_\_\_\_

Outpatient drug-free \_\_\_\_\_

Other \_\_\_\_\_

HOUSING PROJECT \_\_\_\_\_

OTHER SETTING: \_\_\_\_\_

(Specify: \_\_\_\_\_)

PROJECT PART: \_ \_ \_ \_ \_

TARGET POPULATION GROUP: IVDU 1

SEXUAL PARTNER 2

OTHER (Walk-in, etc.) 3

DATE: **M M D D Y Y** START TIME: \_ : \_ AM PM

**BLOOD TEST/PRE-COUNSELING STATUS**

Blood **Test/Counseling** Done **After** Interview 1

Blood **Test/Counseling** Done **Before** Interview 2

Don't Know/Not **Sure** 7

**Interviewee Refused** 8

Not Applicable To This **Program** 9

- 

- 

• •

**PARTICIPATING PARTNER RESPONDENT ID#:** \_\_\_\_\_

Respondent ID Number

Interviewer I.D. Number

Site Number

Interview Date:   /   /

## A. DEMOGRAPHIC CHARACTERISTICS

INTERVIEWER: ASK QUESTIONS 1-16 FOR ALL SUBJECTS.  
READ: I'd like to ask you some questions about yourself.

### COMMENTS

A1. When were you born? (RECORD; Circle "97" If Respondent Refuses To Answer)

Month

Day

Year

☒ 97

Refused

A2. Do you consider yourself . . . (READ: Check Only One Number)

☒ 1

Male

☐ 2

Female

☐ 3

Transsexual

☐ 4

Other (specify: \_\_\_\_\_)

☒ 7

Refused To Answer

In what State or country were you born? (RECORD)

☒ 7

Refused

U.S. State

Other Country

INTERVIEWER: IF BORN IN U.S., SKIP TO Q. 4;  
OTHERWISE ASK Q. 3b.

A3b. In what year did you come to this country?

Year

☒ 97

Refused

4. What racial or ethnic group do you consider yourself?

INTERVIEWER: (SHOW CARD A: CHECK ONE NUMBER)

☒ 1

White Non-Hispanic

☐ 2

Black Non-Hispanic

☐ 3

Hispanic

☒ 4

Asian American Or Pacific Islander

☐ 5

Native American Or Alaskan Native

☒ 6

Other (Specify: \_\_\_\_\_)

☒ 7

Refused

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**INTERVIEWER: TAKE BACK CARD A****COMMENTS**

A5. What is your native language? (Read, Check Only One)

☐ 1

English

☐ 2

Spanish

☐ 3

Other (Specify: \_\_\_\_\_)

☐ 7

Refused

A6. How many years of education have you completed (RECORD)

Years Of Education

m l  
Refused

A7. What is your marital status? (READ: Check One)

☐ 1

Never Married

☐ 2

Married Or Living In Common-Law Status

☐ 3

Living With A Partner

☐ 4

Separated

☐ 5

Divorced

☐ 6

Widowed

☐ 7

Refused

A8. How many children under age 18 currently live in your household? (RECORD)

Number

Refused

A9a. Do you intend to have (more) children? (Check One)

☐ 1

Yes

☐ 2

No

☐ 7

Refused

☐ 8

Don't Know/Unsure

**INTERVIEWER: IF SUBJECT IS FEMALE ASK Q. 9b;  
OTHERWISE SKIP TO Q. 10.**

A9b. Are you currently pregnant? (Check One)

☐ 1

Yes

☐ 2

No

☐ 7

Refused

☐ 8

Don't Know/Unsure

A10a. During the past year, have you ever used birth control? (Check One)

☐ 1

Yes

☐ 2

No

☐ 7

Refused

☐ 8

Don't Know/Unsure

**INTERVIEWER: IF "YES" TO Q. 10a, SHOW CARD B AND  
ASK Q. 10b; IF "2," "7," OR "8," SKIP TO Q. 11.**

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COMMENTS

A10b. Using the frequency choices listed on card B, tell me how often you used any of the birth control methods shown on the card during the past year. Please just give me the frequency for those methods you have used. (CHECK ALL THAT APPLY AND INDICATE FREQUENCY CODE. READ CARD IF NECESSARY).

- ☐ 01--Condoms With Spermicide    ☐ 02--Condoms Without Spermicide  
☐ 03--Oral Contraceptive (Pill)    ☐ 04--IUD    ☐ 05--Foams/Jellies/Creams  
☐ 06--Diaphragm/Cervical Caps    ☐ 07--Rhythm Method/Fertility Awareness  
☐ 08--Withdrawal    ☐ 09--Alternative Sex (Oral, Anal, etc.)    ☐ 10--Sterilization  
☐ 11--Other <spa\* > \_\_\_\_\_    ☐ 97--Refused

INTERVIEWER: TAKE BACK CARD B

A11a. Have you worked at a paying job in the last year? (Check One)

☐ 1  
Yes

☐ 2  
No

☐ 7  
Refused

INTERVIEWER: IF "YES" TO Q. 11a, ASK Q. 11-b-d;  
IF "2" OR "7," SKIP TO Q. 12.

A11b. What has been your most typical job in the last year? (RECORD)

\_\_\_\_\_  
Typical Job

☐ 7  
Refused

A11c. How long did you work last year? (Check One: Use List As Probes If Necessary)

☐ 1  
ONLY A FEW DAYS OR LESS THAN 1 MONTH

☐ 2 ☐ ☐  
MORE THAN 1 MONTH BUT LESS THAN ONE YEAR  
(SPECIFY NO. OF MONTHS: \_\_\_\_\_)

☐ 3  
ALL YEAR (12 MONTHS)

☐ 97  
REFUSED

A11d. Are you currently employed? (Check One)

☐ 1  
Yes

☐ 2  
No

☐ 7  
Refused

Respondent ID Number

COMMENTS

A12. How many drug treatment programs have you been in ... (RECORD)

a. During the past 30 days?

Refused

b. During the past year?

Refused

c. During your lifetime?

Refused

A13. How many months have you spent in a drug treatment program. ...

a. During the past year?

Refused

b. During your lifetime?

Refused

A14a. Are you enrolled in a drug treatment program now? (Check One)

<sup>1</sup>  
Yes

NO

Refused

**INTERVIEWER:** IF "YES" TO Q. 14a, ASK Q. 14b-c;  
IF "2" OR "7," SKIP TO Q. 15.

A14b. What type of program are you in now? (Check One: Use List As Probes If Necessary)

METHADONE MAINTENANCE

RESIDENTIAL DETOX

OTHER RESIDENTIAL (E.G., THERAPEUTIC COMMUNITY)

OUTPATIENT DETOX

OTHER OUTPATIENT

AFTERCARE

OTHER (SPECIFY: \_\_\_\_\_)

REFUSED

A14c. When did you enter this program? (RECORD)

Month

Year

Refused

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## COMMENTS

A15. Tell me the cities you've been in—outside this area—over the past two (2) years where you've either had sex and/or shot up with drugs.

PLACE (Record City/State)	HAD SEX? (Check One: 1=Yes; 2=No)		SHOT UP W/DRUGS? (Check One: 1=Yes; 2=No)		REFUSED TO ANSWER (Check, Skip To Q.16)
	1	2	1	2	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INTERVIEWER: IF SPACE IS NEEDED FOR ADDITIONAL CITIES, USE "SUPPLEMENTAL SHEET 1"

A16. Have you ever been in jail or prison? (Check Answer)

☐  
Yes

☐  
No

☐  
Refused

A16a. Number of months during past year

--	--

Number of months during past five years

--	--

A17. Are you currently on probation, parole, out on bail, or anything like that? (Check One)

☐  
Yes

☐  
No

☐  
Refused



## B. HEALTH AND AIDS

COMMENTS

**INTERVIEWER: ASK QUESTIONS IN THIS SECTION OF ALL SUBJECTS. NOW READ:** Next, please think back to when you first heard about AIDS (acquired immune deficiency syndrome), and about the time since then.

B1a. I would like to ask you about any specific things that you may have done to reduce the chance of getting or developing AIDS. Since you first heard about AIDS, have you changed your behavior to reduce the chance of getting or developing AIDS? (Check One)

☐ 1  
Yes

☐ 2  
No

☐ 7  
Refused

INTERVIEWER: IF "YES" TO Q. 1a, ASK Q. 1b-c; IF "2" OR "7," SKIP TO q. 2a.

B1b. Tell me anything you have done, stopped doing, do less, or do more to reduce your chances of getting or developing AIDS. (Check One Number For Each Statement Mentioned By Respondent; Do Not Probe Except On The Starred (\*) Items (7, 14, 15, and 16). If Respondent Refuses To Answer, Check "7" And Skip to Q. 2a.)

☐ 7  
Refused

	STOPPED DOING	DO LESS	DO MORE	JUST MENTIONED
1. Seek medical advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Sex with homosexual partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Sex with heterosexual partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Sex with IV drug using heterosexual partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Sex with people who look healthy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Sex with people whose behavior I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Use of safer sex practices * WHAT have you done?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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	STOPPED DOING	DO LESS	DO MORE	JUST MENTIONED	COMMENTS
a. IV drug use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9. Needle sharing-- without reducing IV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10. Needle sharing--with reduction in IV drug use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
11. Going to shooting galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
12. Social contact with other drug users	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
13. Social contact with homosexuals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
14. Cleaning needles *How? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
15. Cleaning needles more effectively *How? _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
16. Other *Specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

B1c. Have you maintained the change(s) you mentioned totally, largely, some, or just a little, or have you gone back to the way you acted before you learned of AIDS? (Check One)

<input type="checkbox"/> 1 Maintained Totally	<input type="checkbox"/> 2 Maintained Largely	<input type="checkbox"/> 3 Maintained Some
<input type="checkbox"/> 4 Maintained A Little	<input type="checkbox"/> 5 Reverted To Previous Behavior	<input type="checkbox"/> 7 Refused

B2a. Now I would like to ask you about any specific things you may have done to reduce the chance of transmitting AIDS. Since you first heard about AIDS, have you changed your behavior to reduce the chance of transmitting AIDS? (Check One)

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 7 Refused
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INTERVIEWER: IF "YES" TO QUESTION 2a, ASK 2b-c;  
IF "2" OR "7," SKIP TO QUESTION 3.

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COMMENTS

B2b. Tell me anything you have done, stopped doing, do less, or do more to reduce the chance of transmitting AIDS. (Check One Number For Each Statement Mentioned By Respondent; Do Not Probe Except On The Starred (\*) Items (7, 15, 16, And 17). If Respondent Refuses To Answer, Check "7" And Skip To Question 3.)

	STOPPED DOING	DO LESS	DO MORE	JUST MENTIONED
<b>7</b> Refused				
1. Seek medical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sex with homosexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sex with heterosexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sex with IV drug using heterosexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sex with people who look healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sex with people whose behavior I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of safer sex practices *WHAT have you done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IV drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Needle sharing--without reducing IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Needle sharing--with reduction in IV drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Going to shooting galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social contact with other drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Social contact with homosexuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Plans to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cleaning needles *How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____				
_____				
16. Cleaning needles more effectively *How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____				
17. Other *Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## COMMENTS

B2c. Have you maintained the change(s) you mentioned totally, largely, some, or just a little, or have you gone back to the way you acted before you learned of AIDS? (Check one)

1

Maintained Totally

2

Maintained Largely

3

Maintained Some

4

Maintained A Little

5

Reverted To Previous Behavior

7

Refused

B3. What are the ways people can get AIDS? (Check All Mentions: Do Not Suggest Ways. Do Not Probe Except On Item 14. If "Refused" Check "97" And Skip To Q. 4.)

97

Refused

08

Transfusion

01

Not heard of any

09

Birth (babies get from parents)

02

Using drugs--no mention of needle sharing

10

Toilet seats

03

Sharing needles, dirty works while using drugs

11

Sharing utensils, (e.g., cups, glasses, forks)

04

Homosexual activity, anal intercourse

c12

Oral--saliva, kissing, sharing toothbrushes

05

Sexual activity--heterosexual or type not specified

c13

Being in same room with someone who has the virus

06

Sexual activity with infected person

c14

Other: (Specify \_\_\_\_\_)

07

Oral sex

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## COMMENTS

B4. How can people have sex and still protect themselves from AIDS?  
(Check All Mentions: Do Not Suggest Ways. Do Not Probe Except On Item 9. If "Refused" Or "Don't Know," Circle And Skip To Q.5.)

<input type="checkbox"/> 9 <input type="checkbox"/> 7	Refused	<input type="checkbox"/> 9 <input type="checkbox"/> 8	Don't Know
<input type="checkbox"/> 0 <input type="checkbox"/> 1	They Can't	<input type="checkbox"/> 0 <input type="checkbox"/> 6	Avoid Homosexual Sex
<input type="checkbox"/> 0 <input type="checkbox"/> 2	Avoid Anal Intercourse	<input type="checkbox"/> 0 <input type="checkbox"/> 7	Avoid Sex With People At Risk
<input type="checkbox"/> 0 <input type="checkbox"/> 3	Avoid Vaginal Intercourse	<input type="checkbox"/> 0 <input type="checkbox"/> 8	Avoid Sex With People Who Are Promiscuous
<input type="checkbox"/> 0 <input type="checkbox"/> 4	Avoid Oral/Genital Contact	<input type="checkbox"/> 0 <input type="checkbox"/> 9	Other: (Specify _____)
<input type="checkbox"/> 0 <input type="checkbox"/> 5	Avoid Sex Without Condom		

B5. How can people take drugs and still protect themselves from AIDS?  
(Check All Mentions: Do Not Suggest Ways. Do Not Probe, Except On Item 8. If "Refused" Or "Don't Know," Circle And Skip To Q. 6a.)

<input type="checkbox"/> 9 <input type="checkbox"/> 7	Refused	<input type="checkbox"/> 9 <input type="checkbox"/> 8	Don't Know
<input type="checkbox"/> 0 <input type="checkbox"/> 1	They Can't	<input type="checkbox"/> 0 <input type="checkbox"/> 5	Clean Needles, Works: Avoid Leaving Blood In Needles, Works
<input type="checkbox"/> 0 <input type="checkbox"/> 2	Avoid Injecting	<input type="checkbox"/> 0 <input type="checkbox"/> 6	Avoid Booting Blood Into Syringes
<input type="checkbox"/> 0 <input type="checkbox"/> 3	Avoid Sharing Needles	<input type="checkbox"/> 0 <input type="checkbox"/> 7	Avoid Shooting Galleries
<input type="checkbox"/> 0 <input type="checkbox"/> 4	Avoid Sharing Works (Syringe; Cooker; Cotton; Spoon; Standing Water)	<input type="checkbox"/> 0 <input type="checkbox"/> a	Other: (Specify _____)

**COMMENTS**

**B6a. What have been your best sources of information about AIDS? (Circle All Mentions: Do Not Probe Except On Item 10. If "Refused" Or "Don't Know," Check Below And Skip To Question 7.)**

- |  |  |
|--|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">97</div> Refused             | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">988</div> Don't Know                   |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">01</div> Treatment Program   | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">06</div> Radio                         |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">02</div> Running Partner     | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">07</div> TV                            |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">03</div> Other Drug Users    | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">08</div> Spouse, Lover, Sexual Partner |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">04</div> Newspaper, Magazine | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">09</div> Outreach Worker               |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">05</div> Brochure, Poster    | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10</div> Other: (Specify _____)        |

**B6b. Which of the sources you mentioned do you trust the most? Which do you trust the second most? Third most? (Interviewer: Enter The Numbers From 6a Which Correspond To Respondent's Answers.)**

<u>TRUSTS</u>	<u>NUMBER (FROM 6a)</u>
MOU	---
Second Most	---
Third Most	---
or	
Trusts None (Circle)	96
Refused (Circle)	97

**B7. How likely are you to develop AIDS? Would you say you have (Interviewer: Read 1-5, Then Await Answer, And Check One)**

- |  |   |
|--|---|
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">1</div> No Chance          | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">5</div> Very High Chance  |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">2</div> Very Little Chance | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">7</div> Refused           |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">3</div> Moderate Chance    | <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">8</div> Don't Know/Unsure |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">4</div> High Chance        |   |

**INTERVIEWER READ:** Next, I want to ask you a few questions about the antibody test for the virus that causes AIDS. I do not want to know the results of your test (if you have ever taken it) so please don't tell me.

**COMMENTS**

**B8a. Have you been tested for the AIDS virus? (Circle One)**

☐ **1** Yes

☐ **7** Refused

☐ **2** No

☐ **8** Don't Know/Unsure

**INTERVIEWER: IF "YES" TO Q. 8A, ASK Q. 8B; IF "NO," OR "7" OR "8," SKIP TO Q. 9A.**

**B8b. Did you get the results? (Check One)**

☐ **1** Yes

☐ **7** Refused

☐ **2** No

☐ **8** Don't Know/Unsure

**INTERVIEWER: IF "YES" OR "7" OR "8" TO Q. 8B, SKIP TO Q. 9A.**

**B&. Why didn't you get the results? (Record)**

**INTERVIEWER READS**

Next, I want to ask a few questions about your medical history over your lifetime.

**B9a. Have you ever had gonorrhea (clap) diagnosed by a doctor? (Check one)**

☐ **1** Yes

☐ **2** No

☐ **7** Refused

**If "Yes" Ask: When was the most recent episode? (Record Year) \_ \_**

**Bib. Have you ever had syphilis diagnosed by a doctor? (Check One)**

☐ **1** Yes

☐ **2** No

☐ **7** Refused

**If "Yes" Ask: When was the most recent episode? (Record Year) \_ \_**

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## COMMENTS

B9c. Have you ever had sores on your (penis) (vaginal) area? (Check One)

☐ 1 Yes

☒ 2 No

☒ 7 Refused

If "Yes" Ask: When was your most recent episode? (Record Year) - -

B9d. Have you ever had genital herpes diagnosed by a doctor? (Check One)

☒ 1 Yes

☒ 2 No

☒ 7 Refused

If "Yes" Ask: When? (Record Year) - -

B9e. Have you ever had chlamydia (NGU, non-gonococcal urethritis) diagnosed by a doctor? (Check One)

☒ 1 Yes

☒ 2 No

☒ 7 Refused

If "Yes" Ask: When? (Record Year) - -

B9f. Have you ever had hepatitis diagnosed by a doctor? (Check One)

☐ 1 Yes

☒ 2 No

☐ 7 Refused

If "Yes" Ask: When? (Record Year) - -

B9g. Have you ever been told you have AIDS-Related Complex or ARC? (Check One)

☐ 1 Yes

☐ 2 No

☐ 7 Refused

If "Yes" Ask: When? (Record)

Month

Year

B9h. Have you ever been told you have AIDS? (Check One)

☐ 1 Yes

☐ 2 No

☐ 7 Refused

If "Yes" Ask: When? (Record)

Month

Year



**COMMENTS**

B9i. Have you ever been told you have Kaposi's sarcoma or KS? (Check One)

☐ 1 Yes ☐ 2 No ☐ 7 Refused

If "Yes" Ask: When? (Record) Month Year

B9j. Have you ever been told you have pneumocystis carinii pneumonia or PCP? (Check On)

☐ 1 Yes ☐ 2 No c 7 | Refused

If "Yes" Ask: When? (Record) Month Year

**INTERVIEWER READ:** Now, I want to ask you some questions about your medical history now and over the last year.

B 10. During the last year, have you had...(Circle One Number For Each Condition)

	Yes	No	Refused	Don't Know/ Unsure
a. Tuberculosis (TB) requiring treatment by a doctor with medicines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Pneumonia?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Any health conditions that made you fear you might have AIDS? <u>If Yes: What?</u> (Record)	<input type="checkbox"/> 1	c 2 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Any other serious health problem in the last year? <u>If Yes: What?</u> (Record)	<input type="checkbox"/> 1	c 2 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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## COMMENTS

## C. DRUGS

**INTERVIEWER: ASK QUESTIONS IN THIS SECTION OF ALL SUBJECTS. NOW READ:** I'd now like to ask some questions about drug use.

C1. Have you ever used drugs? (Check One)

☐ 1

Yes

☐ 2

No

☐ 7

Refused

INTERVIEWER: If "2" Or "7" Skip To **Section D.**

C2. First, I'd like you to tell me about drugs you've used that you did not inject, that is, did not use a needle with. **INTERVIEWER: Ask 2a "Have You Ever Used" For The Drugs In Column A First. Hand Out Card C. For All "Yes" Answers To 2a, Ask "2b" And Record Response Using One Of Card C's Frequency Categories, Then Go To 2c, And Record Response.**

Column A	<b>2a</b>			<b>2b</b>	<b>2c</b>
	Have you ever Used? (Circle One)			How often have you used in past year? Use Card C (Record)	How many times have you used in last 30 days (Record)
	Yes	No	Refused		
a. Heroin alone	1	2	7		_____
b. Non-prescription methadone	1	2	7		_____
c. Opiates or narcotics such as codeine, percodan, vicodin	1	2	7		_____
d. Cocaine alone	1	a	7	—	_____
e. Amphetamines or speed	1	2	7		_____
f. Marijuana or hashish; barbiturates; tranquilizers such as valium, librium, or dalmane; other sedatives/hypnotics, such as doriden, placidyl, or quaaludes	1	2	7	—	_____
g. Other drugs	1	2	7		

C3. Have you ever injected drugs? (Check One)

1 Yes

2 No

7 Refused

If "Yes" Ask Next Questions; If "2" Or "7" Skip To Section D

C4a. How old were you when you started needle use? (Record)

Age (in years)

9 7

Refused

9 8

Don't Know/Unsure

C4b. How old were you when you started injecting weekly?

Age (in years)

9 7

Refused

9 8

Don't Know/Unsure

C4c. When was the last time you injected drugs? (Record Month/Year)

Month

Year

C5. Next we have some specific questions about your use of injected drugs. It is important for understanding the spread of AIDS that we obtain accurate information about each of these drugs. (Interviewer; Ask 5a. "Have You Ever Injected" For The Drugs In Column A First. Recall Card C. For All "Yes" Answers To 5a, Ask "5b" And Record Response Using One Of Card C's Frequency Categories, Then Go On To 5c. And Record Response.)

Column A	<span style="border: 1px solid black; padding: 2px;">5a</span>			<span style="border: 1px solid black; padding: 2px;">5b</span>			<span style="border: 1px solid black; padding: 2px;">5c</span>		
	Have you ever injected?			How often have you injected in the past year?			How many times have you injected in the past 30 days?		
	(Circle One)			Use Card C (Record)			(Record)		
	Yes	No	Refused						
a. Heroin alone	1	2	7	—			—	—	—
b. Non-prescription	1	2	7	—			—	—	—
c. Other opiates or narcotics, such as dilaudid, demerol, darvon, stadol, nubain, or talwin	1	2	7	—			—	—	—
d. Cocaine alone	1	2	7				—	—	—
e. Speedball	1	2	7				—	—	—
f. Amphetamines	1	2	7				—	—	—

--	--	--	--	--	--

**INTERVIEWER: TAKE BACK CARD C****COMMENTS****C6a. Do you share works? (Check One)**

c 1 | Yes

c 2 | No

7 Refused

If "Yes" To Q. 6a, Ask Q. 6b; If "2" Or "7" Skip To Q. 7

**C6b. How many different people have you shared works with in . . . . (Record)**

	Number	Refused	Don't Know
(1) the past year?	== ==	9997	9998
(2) the past 30 days?	== ==	9997	9998

**C7a. How often during the past year did you inject drugs in the following places? (SHOW CARD D; CIRCLE NUMBER FOR EACH)**

	Never (1)	Rarely/ Seldom (1-33%)	Sometimes/ 1/2 Time (34-67%)	Usually (68-99%)	Always (100%)	Refused (7)
7a1. Your own place	1	2	3	4	5	7
7a2. A friend's place	1	2	3	4	5	7
7a3. A shooting gallery (place where you had to exchange money or drugs for a place to inject drugs)	1	2	3	4	5	7
7a4. A dealer's residence	1	2	3	4	5	7
7a5. Other location describe; Interview- er Probe: alley, public restroom park, car, phone booth, etc.)	1	2	3	4	5	7

--	--	--	--	--	--

COMMENTS

C7b. How often during the past 30 days did you inject drugs in the following places (Show Card; Circle Number For Each)

	Never (1)	Rarely/ Seldom (1-33%)	Sometimes/ 1/2 Time (3 4 4 7 %)	Usually (68-99%)	Always (100%)	Refused (7)
7b1. Your own place	1	2	3	4	5	7
7b2. A friend's place	1	2	3	4	5	7
7b3. A shooting gallery (place where you had to exchange money or drugs for a place to inject drugs)	1	2	3	4	5	7
7b4. A dealer's residence	1	2	3	4	5	7
7b5. Other location describe; Interview- er Probe: alley, public restroom park, car, phone booth, etc.)	1	2	3	4	5	7
	1	2	3	4	5	7

INTERVIEWER: TAKE BACK CARD D

INTERVIEWER: FOR Q.8-13, GIVE RESPONDENT CARD C  
USE CARD C TO ENTER CODE LETTER CORRESPONDING  
TO ANSWERS GIVEN. IF "REFUSED," ENTER "97"; IF  
"DON'T KNOW," ENTER "98." ASK EACH QUESTION  
FIRST FOR "LAST YEAR" AND THEN "PAST 30 DAYS."

In The Last Year?

In The Past 30 Days?

C8. How often did you rent  
works that you think had  
already been used by some-  
one else?

— —

— —

C9. How often did someone  
lend or give you works  
that had already been used  
by someone else?

— —

— —

C10. How often did you let  
somebody else use works  
that you had used (renting  
buddy, lover, other)?

— —

— —

--	--	--	--	--	--

## COMMENTS

In The Last Year?In The Past 30 Days?

C11. How often did you share a cooker with someone else?

—

—

c 12. When you got a needle, how often was it in a sterile wrapper?

—

—

C13. How often did you get a needle in a sterile wrapper, use it once, and never use it again?

—

—

INTERVIEWER: FOR Q. 14-18, CONTINUE TO USE CARD C  
 USE CARD C TO ENTER CODE LETTER. IF "REFUSED"  
 ENTER "97", IF "DON'T KNOW" ENTER "98." ASK EACH  
 QUESTION FIRST FOR "LAST YEAR" AND THEN FOR  
 "PAST 30 DAYS."

In The Last Year?In The Past 30 Days?

C14. How often did you clean your works before you shot up?

—

—

C15. How often did you clean them by rinsing them in water only before you shot up?

—

—

C16. How often did you clean them by boiling them in water before you shot up?

—

—

C17. How often did you clean them by rinsing them in bleach or Clorox before you shot up?

—

—

C18. How often did you clean them by rinsing them in alcohol before you shot up?

—

—

INTERVIEWER: TAKE BACK CARD C

C19a. Have you changed the way you clean needles recently in order to reduce your chances of getting or transmitting AIDS? (Check One)

☐ 1 Yes☐ 2 No☐ 7 Refused

**COMMENTS**

**C19b. If "Yes" Ask: What convinced you to change? (Record)**

**C20a. What have been your best sources of information about needle cleaning?**  
 (Check All Mentions: Do Not Probe Except On Item 10. If  
 "Refused" Or "Don't Know," Check And Skip To Q. 21)

- |   |   |
|---|---|
| <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">7</span> Refused             | <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">8</span> Don't Know                    |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> Treatment Program   | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">6</span> Radio                         |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">2</span> Running Partner     | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">7</span> TV                            |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">3</span> Other Drug User     | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">8</span> Spouse, Lover, Sexual Partner |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> Newspaper, Magazine | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">9</span> Outreach Worker               |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">5</span> Brochure, Poster    | <span style="border: 1px solid black; padding: 2px;">10</span> Other: (Specify _____)   |

**C20b. Which of the sources you mentioned do you trust most? Second most? Third most? (Enter The Numbers From 20a That Correspond To Respondent's Answers.)**

**TRUSTS**

**NUMBER (FROM 20a)**

Most	_____
Second Most	_____
Third Most	_____
Or	
Trusts None (Circle)	96
Refused (Circle)	97

**C21. What are some of the things that make it hard for you to always clean your works? (Record)**

--	--	--	--	--

## COMMENTS

C22. How do you handle the issue of cleaning works with your running partners? (Read List; Check One)

☐ 1 Do you always insist that they clean their works the same way you do?

☐ 3 Do you not bother to talk about it?

☐ 2 Do you usually suggest that they clean their works?

☐ 4 Other: (Specify \_\_\_\_\_)

☐ 7 Refused

## D. SEX

INTERVIEWER: ASK QUESTIONS IN THIS SECTION OF ALL SUBJECTS. NOW READ: I'd like to ask you now about your sexual partners and safe sex practices. Sometimes I will ask you about "steady partners," by this I mean someone with whom you have a prolonged sexual relationship, a person you know more than "casually."

INTERVIEWER: ASK EACH STATEMENT FIRST FOR "LAST 30 DAYS" AND THEN FOR THE "PAST YEAR." IF "REFUSED" ENTER 97, IF "DON'T KNOW," ENTER "98."

	<u>In the Last 30 days?</u>	<u>In the Past Year?</u>
D1. How many sexual partners have you had?	— —	— —
D2. How many times have you exchanged sex for drugs or money?	— —	— —
D3. How many steady male partners have you had who used IV drugs?	— —	— —
D4. How many steady male partners have you had who did not use IV drugs?	— —	— —
D5. How many non-steady male partners or customers have you had?	— —	— —
D6. How many male partners whom you paid with drugs or money have you had?	— —	— —
D7. How many steady female partners have you had who used IV drugs?	— —	— —



Respondent ID Number

--	--	--	--	--	--

COMMENTS

In the Last 30 days?

In the Past Year?

D8. How many steady female partners have you had who did not use IV drugs?

— —

— —

D9. How many non-steady female partners or customers have you had?

— —

— —

D10. How many female partners whom you paid with drugs or money have you had?

— —

— —

D11. Do you try to find out if steady partners or new partners are....(Check One Number For Each Question).

Yes

No

Refused

a. IV drug users?

☐ 1

☐ 2

☐ 7

b. Bisexual?

☐ 1

☐ 2

☐ 7

D 12. Have you worked as a "pro"....(Check One Number For Each Q.)

Yes

No

Refused

a. In the past 30 days?

☐ 1

☐ 2

☐ 7

b. In the past year?

☐ 1

☐ 2

☐ 7

--	--	--	--	--	--

## COMMENTS

D13. I'm going to read a list of different kinds of sex people engage in. For each one, tell me how often you've had that type of sex in the last 30 days with the different kinds of partners I will also mention. (SHOW CARD E) Use card E in responding. (Interviewer: Use Card E For Entering Code; If "Refused" Enter "97," If Don't Know/Unsure Enter "98.")

	<u>Male Partners</u>			<u>Female Partners</u>		
	<u>Steady IV</u>	<u>Steady Non-IV</u>	<u>Non-Steady/ Customer</u>	<u>Steady IV</u>	<u>Steady Non-IV</u>	<u>Non-Steady/ Customer</u>
a. Vaginal w/condom	--	--	--	--	--	--
b. Vaginal w/o condom	--	--	--	--	--	--
c. Hand	--	--	--	--	--	--
d. Oral w/condom	--	--	--	--	--	--
e. Oral w/out condom	--	--	--	--	--	--
f. Anal w/condom	--	--	--	--	--	--
g. Anal w/out condom	--	--	--	--	--	--

INTERVIEWER: **TAKE BACK CARD E**

COMMENTS

**D14. I'm going to repeat the list I just read. Answer this time for the last year. (SHOW CARD F) Use card F in responding. (Interviewer: Use Card F For Entering Code; Ask For Each Type For Each Kind Of Partner, If "Refused" Enter "97." If Don't Know/Unsure Enter "98.")**

	<u>Male Partners</u>			<u>Female Partners</u>		
	<u>Steady IV</u>	<u>Steady Non-IV</u>	<u>Non-Steady/ Customer</u>	<u>Steady IV</u>	<u>Steady Non-IV</u>	<u>Non-Steady/ Customer</u>
a. Vaginal w/condom	--	--	--	--	--	--
b. Vaginal w/o condom	--	--	--	--	--	
c. Hand	--	--	--	--	--	--
d. Oral w/condom	--	--	--	--	--	--
e. Oral w/out condom	--	--	--	--	--	--
f. Anal w/condom	--	--	--	--	--	--
g. Anal w/out condom	--	--	--	--	--	--

**INTERVIEWER: TAKE BACK CARD F**

**D15. In the last year, did you ever have sex during (your) (your partner's) menstrual period?**

1 Yes    2 No    7 Refused    8 Don't Know/Unsure

**D16a. Is your sexual activity the same or different when (you) (your) partner is having a period?**

1 Same    2 Different    7 Refused    8 Don't Know/Unsure

If "Different." Ask Question 16b: If "1" Or "7" Or "8". Skip To Q. 17a.

**COMMENTS**

**D16b. How is your activity different? (Record)**

**REDUCTION IN BEHAVIORS:** \_\_\_\_\_

**INCREASE IN BEHAVIORS:** \_\_\_\_\_

**7** Refused

**D17a. Have you changed your sexual practices recently (that is, engaged in safer sex) in order to reduce your chances of getting or transmitting AIDS?**

**1** Yes

**2** No

**7** Refused

Interviewer: **If "Yes," Ask D17b and D17c, If "No" Or "Refused" Go 00 To Q. 18a.**

**D17b. What convinced you to change? (Record)**

**17c. What recent changes have you made? (Record)**

COMMENTS

D18a. What have been your best sources of information about safe sex? (Circle All Mentions: ~~Do Not Probe Except On Item 10~~. If "Refused" Or "Don't Know/Unsure" Circle Below And Skip To Q. D19.)

- |   |   |
|---|---|
| <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">7</span> Refused             | <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">8</span> Don't Know/Unsure             |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> Treatment Program   | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">6</span> Radio                         |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">2</span> Running Partner     | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">7</span> TV                            |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">3</span> Other Drug Users    | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">8</span> Spouse, Lover, Sexual Partner |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> Newspaper, Magazine | <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">9</span> Outreach Worker               |
| <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">5</span> Brochure, Poster    | <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">0</span> Other: (Specify _____)        |

D18b. Which of the sources you mentioned do you trust most? Second most? Third most? (Enter The Numbers From 18a That Correspond To Respondent's Answers.)

<u>Trust</u>	<u>Number (From 18a)</u>
Most	— —
Second Most	— —
Third Most	— —
Trusts None	<span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">6</span>
Refused	<span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">7</span>

D19. What are some of the things that make it hard for you to always practice safe sex? (Record)

Respondent ID Number

--	--	--	--	--	--

COMMENTS

D20. Which of the following statements best describes how you handle the issue of safe sex with your partners? (Check One)

☐ 1 I always insist that we practice safe sex.

☐ 4 Some other way I haven't mentioned  
(Specify: \_\_\_\_\_)

☐ 2 I usually suggest that we practice safe sex.

☐ 7 Refused

☐ 3 I don't bother to talk about it.

**COMMENTS**

**E. DECREASING THE RISK OF AIDS**

**INTERVIEWER: ON THIS SET OF QUESTIONS, FIRST ASK WHAT RESPONDENT WOULD LIKE TO DO TO DECREASE THE RISK OF DEVELOPING AIDS; DO NOT PROBE, EXCEPT TO ASK "ANYTHING ELSE?" THEN, FOR THOSE ITEMS MENTIONED, ASK ABOUT THE BARRIERS. IF "REFUSED" OR "DON'T KNOW," CIRCLE AT BOTTOM OF PAGE AND SKIP TO QUESTION 2**

**E1. What specific things would you like to do to decrease your risk of developing AIDS, but find it hard to do? (Column A)**

**E2. What are the barriers to these changes? (Column B)**

**Codes For Column A**

- 1 No Mention
- 2 Stop Completely
- 3 Reduce
- 4 Increase
- 5 Do Or Use Totally

**Codes For Column B**

- 01 Sex Partner Won't Allow It
- 02 Drug Partner Won't Allow It
- 03 Partner Might Object But We Don't Talk About It
- 04 Economic
- 05 Can't Get It, Inaccessible
- 06 Alcohol And/Or Drug Use/Dependence
- 07 Don't Believe In It
- 08 Other (Specify)

	A	B	Record Comments
Drug Use	—	—	—
IV Drug Use	—	—	—
Sharing Works	—	—	—
Shooting Gallery Use	—	—	—
Chaing Needles	—	—	—
Using Nw Needles	—	—	—
Enter Drug Treatment	—	—	—
Other Drug-Related	—	—	—
(Specify) _____	—	—	—

**SEX WITH:**

Male Partners	—	—	—
Female Partners	—	—	—
IV Drug Using Partners	—	—	—
Bisexual Partners	—	—	—
Customers	—	—	—
Prostitutes	—	—	—
Steady Partners	—	—	—
Non-Steady Partners	—	—	—

--	--	--	--	--	--

COMMENTS

**CHANGE SEXUAL BEHAVIOR OF**

Condom Use	—	—	_____
Spermicidal Jelly	—	—	_____
Anal Sex	—	—	_____
Vaginal Sex	—	—	_____
Oral Sex	—	—	_____
Hand Sex	—	—	_____
Menstrual Sex	—	—	_____
Other Sex-Related (Specify: _____)	—	—	_____

9	7
---	---

 9 | 7 Refused

9	8
---	---

 98 Don't Know

**INTERVIEWER: ON THIS SET OF QUESTIONS, FIRST ASK WHAT RESPONDENT WOULD LIKE TO DO TO DECREASE THE RISK OF TRANSMITTING AIDS; DO NOT PROBE, EXCEPT TO ASK "ANYTHING ELSE?" THEN, FOR THOSE ITEMS MENTIONED, ASK ABOUT THE BARRIERS. IF "REFUSED" OR "DON'T KNOW," CIRCLE AT BOTTOM OF QUESTION AND SKIP TO CLOSING REMARKS**

**E3. What specific things would you like to do to decrease your risk of transmitting AIDS, but find it hard to do? (Column A)**

**E4. What are the barriers to these changes? (Column B)**

**Codes For Column A**

- 1 No Mention
- 2 Stop Completely
- 3 Reduce
- 4 Increase
- 5 Do Or Use Totally

**Codes For Column B**

- 01 Sex Partner Won't Allow It
- 02 Drug Partner Won't Allow It
- 03 Partner Might Object But We Don't Talk About It
- 04 Economic
- 05 Can't Get It, Inaccessible
- 06 Alcohol And/Or Drug Use/Dependence
- 07 Don't Believe In It
- 08 Other (specify)



--	--	--	--	--	--

## COMMENTS

	A	B	Record Comments
Drug Use	—	—	_____
IV Drug Use	—	—	_____
Sharing Works	—	—	_____
Shooting Gallery Use	—	—	_____
Cleaning Needles	—	—	_____
Using New Needles	—	—	_____
Enter Drug Treatment	—	—	_____
Other Drug-Related	—	—	_____
(Specify) _____			

**SEX WITH:**

Male Partners	—	—	_____
Female Partners	—	—	_____
IV Drug Using Partners	—	—	_____
Bisexual Partners	—	—	_____
Customers	—	—	_____
Prostitutes	—	—	_____
Steady Partners	—	—	_____
Non-Steady Partners	—	—	_____

**CHANGE SEXUAL BEHAVIOR OF**

Condom Use	—	—	_____
Spermicidal Jelly	—	—	_____
Anal Sex	—	—	_____
Vaginal Sex	—	—	_____
Oral Sex	—	—	_____
Hand Sex	—	—	_____
Menstrual Sex	—	—	_____
Other Sex-Related	—	—	_____
(Specify: _____)			

9	7
---	---

 Refused

9	8
---	---

 Don't Know

**THANK YOU FOR YOUR ASSISTANCE. YOUR COOPERATION IS GREATLY APPRECIATED.**

## AIA 8.0 - SECTION G: AIDS INFORMATION SHEET

**INTERVIEWER READ:** *One important aim of this program is to help people learn more about AIDS. Since we need to find out what people know about AIDS, you can help by answering a few more questions. When we get through, I'll give you the right answers. For now, just say whether you think they are "TRUE, FALSE."*

	<u>TRUE</u>	<u>FALSE</u>	<u>DK/ UNSURE</u>	<u>REFUSED</u>
1. If a person is positive on the blood test for the AIDS virus, that means the person has AIDS.	1	0	7	8
2. Anyone having sex with only one other person cannot get the AIDS virus.	1	0	7	8
3. Using a latex condom is thought to be an effective way to keep from getting the AIDS virus during sex.	1	0	7	8
4. A person cannot get the AIDS virus from works/rigs bought on the street in a sealed wrapper.	1	0	7	8
5. A person cannot get the AIDS virus by shaking hands or touching someone who has AIDS.	1	0	7	8
6. A person can get the AIDS virus from donating blood or plasma.	1	0	7	8
7. A woman with the AIDS virus can give her unborn child AIDS.	1	0	7	8
8. Cleaning works/rig with just water is enough to kill the AIDS virus.	1	0	7	8
9. A person can get the AIDS virus from eating in a restaurant where the cook has AIDS.	1	0	7	8
10. Cleaning works/rigs with bleach is thought to be an effective way of killing the AIDS virus.	1	0	7	8
11. A person can avoid getting the AIDS virus by just having oral sex.	1	0	7	8
12. A person can get the AIDS virus by using public toilets.	1	0	7	8
13. A person can get the AIDS virus from having sex with a man who has had sex with other men.	1	0	7	8
14. A person can get the AIDS virus from having unprotected sex with someone who has AIDS.	1	0	7	8
15. A person can get the AIDS virus from sharing dirty works/rigs with someone who has AIDS.	1	0	7	8
16. A person can get the AIDS virus from sharing works/rigs with someone who has shared them with others.	1	0	7	8

Interview Date:           /           /

5a. What phone number would be best to use to contact you? (      )  
AreaNumber  
Code

5b. If we were unable to reach you at that number, is there another good phone number to call?      YES      NO

IF "YES": What is that number please? (      )  
AreaNumber  
Code

6. Is there one or more friends or relatives who usually knows how to reach you if should move or leave our program? (SHARE WITH RESPONDENT WHAT THE CONTACT PERSON WOULD SAY TO THE FRIEND/RELATIVE)      YES      NO

IF "YES" ASK: Please give their names, addresses, and telephone numbers.

(1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

7. We would like to invite one or more persons closest to you to participate in our program. If that is okay with you, you may give me their names, addresses, and telephone numbers. If you have given their name before, just tell me who they are. (LIST)

(1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**ADD RESPONDENT'S COMMENTS IF ANSWER IS "NO" TO ONE OR MORE PERSONS MENTIONED (USE BACK OF PAGE IF SPACE IS NEEDED)**

Thank you so much for this information. We will be talking with you again in the near future.

**SECTION H: RESPONDENT'S COMMENTS**

**H. RESPONDENT'S COMMENTS**

**INTERVIEWER:** GO **BACK** AND CHECK TO SEE THAT NO **PAGE** HAS **BEEN SKIPPED. IF ANY QUESTIONS** HAVE BEEN SKIPPED, **APOLOGIZE** AND ASK PERMISSION TO COMPLETE.

**READ:** Now that we have just **completed** the **interview**, do you have any questions that you would like to ask me, or **any comments** about **this** experience?

**READ:** **Thank you for your assistance.**  
**Your cooperation is greatly appreciated.**

TIME INTERVIEW ENDED: \_\_ \_\_ : \_\_ \_\_ AM PM  
(EXACT HOUR, MINUTES, PLEASE)

**INTERVIEWER:** NOW COMPLETE SECTION I,  
INTERVIEWER COMMENTS,  
NEXT **PAGE.**

**SECTION I: INTERVIEWER COMMENTS AND OBSERVATIONS**

**I. INTERVIEWER COMMENTS AND OBSERVATIONS**

1. Is this questionnaire/Interview unreliable? Y E S      NO  
If "YES", CIRCLE THOSE SECTIONS YOU BELIEVE ARE UNRELIABLE.

SECTIONS:     A     B C D E F G     ALL

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Interviewer impression of respondent (CHECK AS MANY AS APPLY);
- |                       |                        |                                 |
|-----------------------|------------------------|---------------------------------|
| <u>    </u> Honest    | <u>    </u> Relaxed    | <u>    </u> Interested          |
| <u>    </u> Dishonest | <u>    </u> Tense      | <u>    </u> Bored               |
| <u>    </u> High      | <u>    </u> Attentive  | <u>    </u> Good Rapport (Open) |
| <u>    </u> Nodding   | <u>    </u> Distracted | <u>    </u> Resistant           |

3. Mood of Interview  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Locator Information
- A. Were you able to collect follow-up locator information?(Circle one)  
0-No:                   1=Yes;       8=Refused
8. Interviewer assessment of quality of locator information.(Circle one)  
1=Complete                   3=Marginal  
2=Sufficient                 4=Inadequate
5. Interviewer characteristics: CIRCLE ONE IN EACH CATEGORY
- A. 1=Outreach worker                   2=Interviewer only  
3=Intervention counselor           4=Other program staff
- B. Interviewer Sex    1 =Male    2=Female
- C. Interviewer Race/Ethnicity: 1 = Black    2 = Hispanic           3 = White  
4 = Native American or Alaskan Native  
5 = Asian or Pacific Islander
- D. Interviewer Name: \_\_\_\_\_

## AIDS EDUCATION ANSWER SHEET

	<u>TRUE</u>	<u>FALSE</u>
1. If a person is positive on the blood test for the AIDS virus, that means the person has AIDS.		F
2. Anyone having sex with only one other person cannot get the AIDS virus.		F
3. Using a latex condom is thought to be an effective way to keep from getting the AIDS virus during sex.	T	
4. A person cannot get the AIDS virus from works/rigs bought on the street in a sealed wrapper.		F
5. A person cannot get the AIDS virus by shaking hands or touching someone who has AIDS.	T	
6. A person can get the AIDS virus from donating blood or plasma.		F
7. A woman with the AIDS virus can give her unborn child AIDS.	T	
8. Cleaning works/rig with just water is enough to kill the AIDS virus.		F
9. A person can get the AIDS virus from eating in a restaurant where the cook has AIDS.		F
10. Cleaning works/rigs with bleach is thought to be an effective way of killing the AIDS virus.	T	
11. A person can avoid getting the AIDS virus by just having oral sex.		F
12. A person can get the AIDS virus by using public toilets.		F
13. A person can get the AIDS virus from having sex with a man who has had sex with other men.	T	
14. A person can get the AIDS virus from having unprotected sex with someone who has AIDS.	T	
15. A person can get the AIDS virus from sharing dirty works/rigs with someone who has AIDS.	T	
16. A person can get the AIDS virus from sharing works/rigs with someone who has shared them with others.	T	

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**APPENDIX B**

**AIDS INFORMATION SHEET**

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# AFA 1.0 - SECTION H: AIDS INFORMATION SHEET

**READ: One** important aim of this program **is to help people** learn more about **AIDS**. Since we need to find out what people know about AIDS, you can **help** by answering a few more questions. When we get through, **I'll** give you the answers. For now, **just** say whether **you** think they are "TRUE" or "**FALSE**."

	TRUE	FALSE	DKI UNSURE	REFUSED
1. If a person is <b>positive</b> on the blood test for the <b>HIV virus</b> that means the person has AIDS.	1	0	7	8
2. Anyone having sex with only one other person <b>cannot</b> get the AIDS virus.	1	0	7	8
3. Using a latex condom is thought to be an effective way to keep from getting the AIDS virus during sex.	1	0	7	8
4. A person <b>cannot</b> get the AIDS virus from works/rigs bought on the street in a sealed wrapper.	1	0	7	8
5. A person <b>cannot</b> get the AIDS virus by shaking hands or touching someone who has AIDS.	1	0	7	8
6. A person can get the AIDS virus from <b>donating</b> blood or plasma.	1	0	7	8
7. A woman with the AIDS virus can give her unborn child AIDS.	1	0	7	8
8. Cleaning works/rigs with just water is enough to kill the AIDS virus.	1	0	7	8
9. A person can get the AIDS virus from eating in a restaurant where the cook has AIDS.	1	0	7	8
10. Cleaning works/rigs with bleach is thought to be an effective way of killing the AIDS virus.	1	0	7	8
11. A person can avoid getting the AIDS virus by just having oral sex.	1	0	7	8
12. A person can get the AIDS virus by using public toilets.	1	0	7	8
13. A person can get the AIDS virus from having sex with a man who has had sex with other men.	1	0	7	8
14. A person can get the AIDS virus from having unprotected sex with someone who has AIDS.	1	0	7	8
15. A person can get the AIDS virus from sharing dirty works/rigs with someone who has AIDS.	1	0	7	8
16. A person can get the AIDS virus from sharing works/rigs with someone who has shared them with others.	1	0	7	8